The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR DECEMBER, 1934

A Physician Looks at Nursing	*Charles P. Lusk, M.D.*	557
Nursing Care in "Polio"	*N. H. Sutton, M.D.*	560
Our Miss Dickson	*J. E. B.*	562
The Curriculum		564
A Gateway		565
Provincial Meetings		566
The Editor's Desk		567
Correspondence		568
Staff Education	*Martha Batson*	569
Education for Private Duty	*Ruth E. Tallman*	572
New Light on Public Health	*Anna E. Wells*	574
Book Reviews		577
Notes from the National Office		578
News Notes		580
Off Duty		588
Official Directory		590
Index for 1934		598

Subscription Price: $2.00 per year; foreign and United States of America. $2.50; 20 cents a copy.

Combination, with *The American Journal of Nursing*, $5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR DECEMBER, 1934

A Physician Looks at Nursing	*Charles P. Lusk, M.D.*	557
Nursing Care in "Polio"	*N. H. Sutton, M.D.*	560
Our Miss Dickson	*J. E. B.*	562
The Curriculum		564
A Gateway		565
Provincial Meetings		566
The Editor's Desk		567
Correspondence		568
Staff Education	*Martha Batson*	569
Education for Private Duty	*Ruth E. Tallman*	572
New Light on Public Health	*Anna E. Wells*	574
Book Reviews		577
Notes from the National Office		578
News Notes		580
Off Duty		588
Official Directory		590
Index for 1934		598

Subscription Price: $2.00 per year; foreign and United States of America. $2.50; 20 cents a copy.

Combination, with *The American Journal of Nursing*, $5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

Bland's Tailored Uniforms

Made with exacting care, in perfect-fitting sizes from the finest materials we can buy.

Also
CAPES
CAPS
COLLARS
CUFFS

STYLE SHEETS ON REQUEST

STYLE No. 626
In Irish Poplin
3 for $13.50

MADE ONLY BY

BLAND & COMPANY
LIMITED

1253 McGill College Avenue · Montreal, Canada

ORIGINATORS OF THE PROBATIONER'S STANDARD UNIFORMS

LIPPINCOTT BOOKS

Make Your Christmas Gift A Book

Lippincott's Quick Reference Book for Nurses	$2.50	*Pillsbury*—Communicable Dis.	$3.50
Jeans—Essentials of Pediatrics for Nurses	$3.50	*Eliason*—Surgical Nursing	$3.50
Greisheimer—Anatomy	$3.50	*McDonald*—Essentials of Surgery	$3.00
Solomon—Materia Medica	$3.50	*Luros*—Essentials of Chemistry	$3.00
Broadhurst-Given—Bacteriology	$3.50	*Cooper*—Nutrition in Health and Disease	$3.50
Buckley—Nursing Mental and Nervous Diseases	$3.50	*State Board Questions*—1934	$3.50
Zabriskie—Obstetrics	$3.50	*MacDonald*—Mental Hygiene	$1.50
		Eliason—First Aid	$2.00

NOTE—We allow hospitals a discount of TWENTY PER CENT, besides prepaying carriage charges, on Lippincott books when ordered direct from this Montreal office.

J. B. LIPPINCOTT COMPANY 525 CONFEDERATION BUILDING MONTREAL

LIPPINCOTT BOOKS

School for Graduate Nurses

McGILL UNIVERSITY

COURSES OFFERED

Teaching in Schools of Nursing

Supervision in Schools of Nursing

Administration in Schools of Nursing
(Not Given 1934-35)

Public Health Nursing

Supervision in Public Health Nursing

A *certificate* is granted upon successful completion of an approved programme of studies, covering a period of *one* academic year, in any of the above courses.

A *diploma* is granted upon successful completion of a major course, covering a period of *two* academic years.

For information apply to:

SCHOOL *for* GRADUATE NURSES
McGill University, Montreal

Children's Memorial Hospital

MONTREAL, CANADA

POST-GRADUATE COURSE IN PAEDIATRIC NURSING

A three months course is offered to Graduate Nurses which includes systematized theoretical instruction and supervised clinical experience in the following services:

General Hygienic Management and Nursing of Children.

Nursing Care and Feeding of Infants.

Nursing Care of Orthopaedic Patients.

Medical Asepsis and Cubicle Technique.

A certificate will be granted upon the successful completion of the course.

Full maintenance will be provided.

For further particulars apply to:

THE SUPERINTENDENT OF NURSES
CHILDREN'S MEMORIAL HOSPITAL,
Montreal

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

VOL. XXX MONTREAL, QUE., DECEMBER, 1934 No. 12

A PHYSICIAN LOOKS AT NURSING

CHARLES P. LUSK, M.D., Toronto.

Ours is a complex civilization with ever-widening streams and currents of life which criss-cross at a thousand angles creating new contacts and new dependencies. These invite the establishment of new bridges and viaducts and of new banks to stem the flow here, and alter its rate there, so that life may progress smoothly for the mass and with comfort to the individual.

A New Spirit

Nineteen hundred years ago the world had arrived at a time of doubt, with crumbling faiths and waning powers, which made necessary a change in the relations of men and of their behaviour, to lift them out of the whirlpool and into a life governed and animated by a new spirit which would ultimately bring peace and security to every man. We have progressed somewhat in the intervening centuries so that in the stream of human relations men are thinking more and more of their fellows and a greater proportion than ever are disciples of the lowly Nazarene, believers in the principles He enunciated. So much so that less than a hundred years ago again a woman in her quiet home in safe England heard the anguished cry of wounded dying men on the fields of Sebastopol and stepped forward to help lift men toward peace and rest. There the spirit of the nurse of today was born again and woman made possible our present advantages and people recognized another agency for good.

The Need

What is the need in my practice today and what do my patients look for? First, for a woman of good health, not encumbered by weakness, or one who falls by the wayside in the day of trial. It is a place for the robust. Second, she must be of good judgment and common sense and one who is tactful in dealing with an endless variety of people, which means she must know men and women. Third, she must be humane, ready to listen to every complaint and with an infinitude of patience. No hasty impatient soul should dream of applying for this type of service. There is no room for her nor her impatience in this pain-wrecked world. Fourth, she must have a good education, the more knowledge she possesses the greater her usefulness.

Preparation for Nursing

She must be trained in the care of the sick, and the broader this training is, the greater her ultimate efficiency. She must know the sick man in all stages of his sickness, so that she may be able to judge of his progress. The rapid fluttering pulse of a failing heart, the increasing respirations of the advancing pneumonia patient, the import of pain in the various systems and a hundred other red lights

An address delivered at the Biennial Meeting of the Canadian Nurses Association, June 29, 1934, in Toronto.

which only experience can give. By this I do not mean that we expect her to become a specialist in diagnosis or a junior physician. Leave to Caesar the things that are Caesar's. There is a world of knowledge to acquire between the nurse who is entering her training and the field of the physician and surgeon; a world that will give play to all her faculties and abilities, no matter how brilliant they may be.

What countless times have I seen the uncared-for patient, restless, sleepless, ill-nourished, full of discomfort, started on his way toward health by the service of an able nurse and the whole picture changed in a few hours from doubt and uncertainty to quiet and comfort. How often has the quiet hourly watchfulness of the keen experienced nurse put one on the way to a fuller understanding of the patient's need, or to a more exact diagnosis of his condition.

These two things are your stock-in-trade: first, the best of home training; secondly, experience in the best centre available of hospital training, and I must confess I think they are of equal importance for one is unable to carry on successfully without either. If dwarfed by an inadequate home training one can never rise to the fulfilment possible to one endowed with an able mother and trained in a good home, and by home I do not mean a palatial hotel, I mean home in the loftiest sense of the word whether it is a four-roomed cottage on a back concession road or the home of the well-to-do, where the mother has kept her feet on the ground and her hands and mind busy with the highest affairs of the nation, in teaching sons and daughters to love and honour their Lord, their King and their fellow men.

The Opportunity

As I go about from house to house on the daily round of duty there comes the constantly reiterated request: *send some one to help us.* Here it is a salesgirl who is sick in a small back room of a boarding house, afraid to take the leap into the unknown hospital but willing to stay in the known surroundings. There it is a sick child, where the distracted overworked mother needs the assurance and steadying hand of some one who knows what to do and how to do it. On the other side of the block the storekeeper is taken ill and with help his wife can carry on the little business providing he is at hand for advice and direction, but should he be obliged to leave home for hospital then business is jeopardized and income fails. And so on the list might grow of places where the nurse can be used.

Skilled and Unskilled

In times past, before the minds of the people were as fully appreciative of the facilities of the well-managed hospital as they are today, a much larger percentage refused to consider hospitalization. In those days I have had, in the homes of patients, high forceps deliveries, even the use of the cephalotribe and, on many occasions, the prolonged use of the catheter in aged bed-ridden patients and after tedious childbirths with safety both immediate and ultimate, assisted only by sensible teachable women who had never been inside a hospital door. Today in urban communities these things are not done and only occasionally in rural districts except by hospital trained women.

Today if I ask what is meant by nursing I am told that it is the functioning of a graduate of a recognized training school and that the word nurse may be applied only to such a woman. Manifestly then there is much care of the sick being done today, in spite of all our hospitals and training schools and nurses, which therefore may not be dignified by the word nursing. A review of several hundred case histories for the year 1933 revealed that only 15.5% of those persons seeking advice at my hands secured skilled nursing help and that but 3.9%

(or 25% of these) were sent to hospital. In practice of another sort these proportions would be quite different. Who took care of the remaining 84% or that proportion of them who needed some assistance?

Doubtless a considerable number needed no special care but there must be also a percentage that would have been glad of, and the better for, trained assistance. As in my practice so in all other practices, a considerable percentage of patients battle through their illnesses because they are unable to afford help of any kind, let alone skilled nursing help.

The Practical Nurse

The cruel conditions of the last few years have obliged so much retrenchment that patients are willing to submit to even indifferent service at lower expense and this in turn has invited the development of numerous expedients to meet lowered ability to pay. In large communities we have registers of practical nurses so-called, and associated with them a register of graduate nurses who are willing to serve at a reduced rate in order that they may have some income and not be forced into the ranks of the unemployed. Again in cases where longer attendance is needed, fully trained nurses are permitted to carry on at a reduced rate of remuneration.

Restriction of Output

In 1928, which we must remember was a good year for most people, as unemployment had not raised its ghastly face, of the 8,000 graduate nurses of Ontario only 40% were continuously employed and another 20% only partially, leaving 40% unemployed, so that we were graduating, even in the flush years, 40% more nurses than we could find work for. What must be the position today? The records of the registries and the bank deposits of the nursing profession make record.

Manifestly the hospitals cannot go on turning out nurses more rapidly than they can be absorbed into the community. A considerable proportion are now unemployed and an additional percentage only part-time employed. To increase the number under our present system means either additional unemployed or that the remuneration asked for the service must be greatly reduced as people are unable to pay the present rate. That in turn means that the nurse is unable to continue to serve and ultimately becomes a charge upon the community unless she belongs to a well-to-do family who can provide for her.

A Legitimate Demand

The demand is present, and it is a very persistent one for less expensive help. I think it is a legitimate demand, for there is a considerable percentage of cases where one with a moderate amount of training could undertake with safety and considerable efficiency the care of patients belonging to this group. For this type of patient the service of a fully-qualified nurse is needless and her time is wasted in the care of such cases.

Graded Service

It is evident to my mind that two things must come. First, we must lift the standard of the fully-qualified nurse. It is to her that we must look to provide us with our leaders, teachers, supervisors and special nurses in the various departments of service. Let us call this group "A" for the time being. From group "B" should be drawn those women who are willing to serve minor cases of illness for a much reduced pay. They could and should have a curtailed amount of hospital training, so as to become familiar with illness and the care of the sick, but much of their training could be done in the classroom in small groups. Here the highly-trained graduates can be utilized as teachers and demonstrators. In the wards of the hospital, manned in the main by fully-qualified nurses who could

look after the patients, the members of group "B" could be utilised for the ordinary duties of every-day service; thus the patient in hospital could be looked after without any lowering of its safeguards. Such a scheme would permit of training a group of women to supply at reduced cost the service needed not only for the hospital patient but also for a large proportion of home cases.

The Community and Nursing

It, therefore, seem obvious that we need a considerable body of women, and there is also room for a much smaller group of men, who will serve their communities as nurses whether as the specialist or fully-qualified trained nurse or in the less well-equipped group trained in the fundamentals of nursing service in the home. If these services are essential to the community then the community must be prepared to assume its responsibilities. If we ask a nurse to fulfil certain important duties in protecting the health and returning the sick of a community to duty then we have a right to support her in such a course.

The inherent conditions of nursing service are such that there are great waves of demand when epidemics arise followed by periods when sickness is less frequent and numerous nurses are left unemployed. This necessitates provision for their support during these periods for the individual consenting to serve her community must be so protected during her or his term of service. This will oblige our consent, as a people, to protect the service during its period of unemployment. Whether this is to be done by a form of insurance or by direct state aid it is not for me to decide. That will require the experience and wisdom of a wiser Solomon. *The absolute need is here, it must be provided for. It should no longer be necessary to turn to the ranks of the untrained to protect our patients in their time of need.*

NURSING CARE IN "POLIO"

N. H. SUTTON, M.D., Medical Officer of Health, District 6, Province of Ontario.

In speaking to nurses it is not expected, of course, that I should say much on the diagnosis of a disease such as anterior poliomyelitis, usually known to physicians and nurses as "polio." Yet something must be said, for you will be asked by parents for your opinion as to the ailments of children especially, and it were well that you knew enough of the ways of the disease to discern, in a seemingly moderate ailment, the necessity for calling in the physician to determine whether it may be the start of a disastrous attack.

What to Look For

Especially in the hotter months from June to October, when a child is brought to your notice as having been rather promptly prostrated or "knocked out" and you can't find any sufficient rise of temperature or other symptom or condition which would account for it, it is time to think of "polio" and to get medical advice. If you have the child sit up and bend forward so as to kiss his knee or put his head between his knees

An address delivered before the members of District 6, Registered Nurses Association of Ontario.

(without help from you or others by trying to push its head forward) and standing to one side, you find that the child cannot do it because of pain which stops anterior flexion in any part of the spinal column, there is no time to waste in getting the physician on the job. Where your advice is thus sought, you will of course note such other symptoms as you may observe, or be told of, so as to facilitate as rapid a diagnosis as possible when the physician arrives: headache, sore throat, nausea or vomitting, diarrhoea, pain in trunk or limbs and twitching of muscles.

The Nurse's Part

In the acute stage, when the doctor arrives, you may have to assist at a spinal puncture but there is nothing special to be said concerning the nursing care, except to stress the value of keen and accurate observance by you of the patient's progress. Immune serum will have been given; is he doing well? You must be quick to let the doctor know of unfavorable developments or ones which you suspect to be unfavorable. More doses of serum may be needed; perhaps more spinal punctures. Ease and comfort of the patient, while maintaining good position, are the objectives of the nursing care. Now suppose for any reason, your patient does not come out of the acute stage without paralysis, or partial paralysis, of some muscles; there are certain principles governing the management of these muscles: the efficiency with which these are applied determines what percentage the patient gets, of the recovery that is possible to him. This is where you specially come in.

What to Do and Why

When a muscle in health is called upon to exert say, twenty per cent of its power, the nerve cells do not call upon all the cells of that muscle to exert twenty per cent of their power, but rather do they call upon twenty per cent of the muscle cells to exert their full power.

The "polio" virus seldom or never kills all the nerve cells which innervate all the cells of a muscle. For a time, all these nerve cells may be desperately sick but some of them will recover, maybe five per cent, maybe a hundred per cent of them. A sick motor nerve cell means a sick muscle cell supplied by it, and a sick muscle cell can ill stand stretching. For this reason, means must be found to keep affected muscles and nerves at rest in a relaxed or unstretched position. To get the maximum of recovery, this position must be attained at once and maintained without even one moment's interruption until well on the way to the full possible recovery. Supposing for instance, the extensors in the thigh are fairly seriously affected. The limb is of course maintained straight at the knee, most likely by splinting. If it should be necessary, for any reason, to remove the limb from the splint, you must see that the knee is not for a moment allowed to flex. That would be an insult from which, if it occurred in the first week, the muscle might never fully recover; if in the second month, it might take a week or two to recover and so on. You see how exact your nursing care must be; and yet the skin must be kept fit by such bathing as is necessary. Think out your problem as clearly as you can, then talk it over with the doctor in charge. If a change in the procedure should at any time seem advisable, talk that over with him before you adopt it. It is his responsibility, you know.

An Improvised Bath

A complete bath is beneficial in so many ways for these cases, that I will try to describe to you a method of giving one to a child in bed, since ordinary bath tubs are neither handy nor suitable for maintaining proper posture. One needs two boards, ten to twelve inches wide, and long enough to go from top to bottom of the bed. These are to be set on their edges at the sides of the

bed and maintained there by hooks, turn buttons or other device so that the bed is now a sort of box bed. If they can be hinged so as to drop down at the side of the bed when not in use, so much the handier. One of the boards should have a six inch square cut from its lower side at the end toward the bottom of the bed. Four long cushions or bolsters are made for the ends and sides of the bed, thus completely lining the inside of the "box bed." Now have a stout rubberized sheet of such ample width and length as to cover all and be secured without tension to the sides and perhaps ends of the box bed by something like spring clothes pins. The rubber sheet can be passed under the child in the usual way, the side boards adjusted, the bolsters placed and the sheet drawn over them and attached to the sides of the bed. Now pour in the water and get on with the bath. When it comes time to start some assisted or voluntary movements, they can be added in such a bath. Now, to get rid of the water. That is where the six-inch square out of the lower corner comes in. Loosen the rubber sheet fastenings near the corner and draw the corner of the sheet down through the hole and direct into a bucket standing below it on the floor. Shove the bolsters apart at that corner and the water is all run out in a jiffy. The rest is easy.

Persevere!

These cases do not get better in a day. Recovery can continue for from two to five years, or even longer. You know how prone we human beings are to get weary in well-doing. Wisely directed efforts, if persistent enough to allow of no slip-ups, will give a near approach to the fullest possible recovery. In many, many cases, it will make the difference between a happy, because self-supporting, life and a crippled and dependent existence. If parents of reasonable intelligence have the luck to have a well-informed and conscientious nurse for the first few weeks of the "polio" affliction of their child, that nurse will have them so fully informed as to the necessary care, the length, exactness and continuity of effort needed to get the fullest possible recovery, that said parents will be content with nothing less than the best and will be prepared to undertake their long, and often tedious task. If you can get the parents in the mind for this, the child will have much reason to bless you.

OUR MISS DICKSON

J. E. B.

"Our" Miss Dickson — and all Canadian nurses will know at once that this is Edith MacPherson Dickson — has recently completed twenty-nine years of service as Lady Superintendent of Nurses and Assistant Superintendent of the Toronto Hospital for Consumptives at Weston. To mark the end of this epoch in her life, and to usher in the new and delightful one which she is about to enter, her friends in Toronto recently entertained her at a dinner party at the Granite Club. It was a very gay and happy festivity and it provided an opportunity of rehearsing some of the notable achievements of this very notable Canadian nurse.

When Miss Dickson went to Weston, immediately following her graduation from the Training School of the Toronto

General Hospital, she found a cottage and a few old street cars to accommodate patients. From this insignificant beginning there has emerged one of the finest institutions to be found anywhere, and, in her capacity as assistant superintendent, Miss Dickson made an invaluable contribution to its development. But the special glory of the Toronto Hospital for Consumptives has been its nursing service. Miss Dickson was a superintendent of *nursing* as well as of *nurses*. That is why the patients at Weston received the refinements of nursing care, and it is also why patients were made the central theme, rather than disease to be treated.

In addition to her great achievement in her own institution, Miss Dickson has made a remarkable contribution to nursing organization in Canada. It was she who marshalled the forces in Ontario which finally broke down the barriers to registration for nurses, and it was she who planned the re-organization which finally culminated in the present Registered Nurses Association of Ontario. She also made a valuable survey of training schools in Ontario, and so paved the way for regular inspection. She was the first chairman of the Council of Nursing, appointed by the Government of Ontario, and still occupies this important position.

To Canadian nurses generally she is perhaps best known as a former president of The Canadian Nurses Association. During her period of administration, she did not have all the valuable adjuncts of a national office to help her. Her own office was the national office, and there, under difficulties which no longer exist, she carried on the affairs of the C.N.A. to the admiration of all her constituents. At the end of her term, she made available to her successor her own rich experience, with the generosity which is typical of her.

Happily, Miss Dickson's gifts are not of the kind that diminish with use. Indeed, she has talents and resources in her own character which are bound to make the next phase of her life the same great success as the one she has just completed. After all, the art of nursing was not Miss Dickson's greatest accomplishment. It was something even greater. It was, and

Miss E. MacPherson Dickson

is, the art of living. Her friends are watching with eagerness to see how she is going to manage that thing we all hope for and perhaps fear a little — *leisure*. Knowing her, we know she will master it, as she has all her other problems. Indeed, she already has a gay and radiant air, and one hears that since she has established herself in her charming flat in town, there has been a rush for information about annuity schemes.

In searching for an apt phrase to describe "Our Miss Dickson," one thinks of a well-known line of Chaucer which, by changing the first and the last word, reads: *She is a very parfait, gentle lady.*

THE CURRICULUM

An analysis has recently been completed of the replies to the curriculum study which was prepared some months ago by the National Committee on Curriculum for consideration by the provincial sub-committees. These findings are important and interesting because they constitute a cross section of the opinions held by representative nurses in all parts of Canada. It goes without saying that there are some marked differences regarding certain controversial questions but there is also sufficient agreement on many essential principles to guide the national committee in its task of curriculum building. The chairman, Miss Marion Lindeburgh, has prepared the following summary of the principal findings:

School of Nursing Committee: Differences of opinion regarding the personnel and function of such a committee indicates the need for a common understanding as to its significance in connection with the administration of a school of nursing.

The School of Nursing Budget: While in many cases appropriations are made for certain needs of the school, in no instance was there a definite and separate budget for its total demands. Until this can be accomplished, our educational objectives can not be fully achieved.

Fees: The majority of answers definitely supported the policy that tuition fees should not be imposed until better educational facilities can be secured, the general reaction being that, in the majority of schools, the student is still giving more to the hospital nursing service than she is receiving in terms of education.

Night Duty: Many different views were expressed as to length and frequency of terms but it was conceded that the first assignment should not be made until the student has been at least six months in the school, and then only under supervision.

Nursing Matriculation: Possibly in no other issue is the difference of opinion so marked, although the majority of replies show opposition to this educational policy. Those opposed claim (a) that the student is not sufficiently mature to choose her vocation intelligently; (b) that all high schools cannot provide for the required content; (c) that it may not qualify students for entrance to other faculties and therefore may interfere with graduate study or prevent the student from transferring in case she proves unsuitable to nursing. Those supporting the policy claim (a) that it would improve educational standards in the school of nursing; (b) that it would prevent the overloading of the curriculum and permit concentration on underlying scientific principles; (c) that it would afford flexibility for the inclusion of activities leading to fuller development. The contrast in thinking is sufficiently sharp to merit careful consideration of both points of view.

Student Discipline: The better schools, which have already achieved fairly adequate educational standards, approve of a disciplinary policy which places responsibility upon the student body.

Teaching facilities: All replies indicated an appreciation of the importance of good teaching facilities. It is significant, however, that the majority of schools report no definite yearly appropriation for library purposes.

Clinical experience: While class-room teaching in the majority of schools has been fairly adequate, the greatest weakness in the educational programme definitely lies in the clinical fields. Emphasis is placed upon two major difficulties: (1) the lack of evaluation of ward assignments; (2) the need for more time, on the part of head-nurses and supervisors, for effective ward teaching on a co-operative basis.

Elimination of non-nursing duties: Here again diversity of opinion is reflected. A few state frankly that it is not possible to reduce non-educational tasks which are now assigned to students. The majority approve of their partial elimination; very few suggest that they be abolished completely. The employment of ward helpers is frequently advocated.

Psychiatric and neurological nursing: Opinion is almost unanimous that clinical experience in psychiatry and neurological nursing is desirable. Some suggest that this should be afforded by a postgraduate course, rather than included in the basic curriculum. The majority have made no arrangement for experience in psychiatric nursing, but a few of the best schools have met the need satisfactorily.

Health and preventive aspects: The importance of emphasizing, in the basic course, the preventive and public health aspects of nursing was universally admitted. It was pointed out, however, that in practice the necessary community affiliations are not easily obtained and that it is difficult to find sufficient time for community experience during the undergraduate period. Here again, some of the best schools have surmounted the difficulty.

Methods of teaching: Many valuable sug-

gestions are recorded as to ways of reducing the use of the lecture method and the substitution of other means which will stimulate individual thinking and class activity. The majority disapprove of extensive note-taking and recommend mimeographed material for student guidance.

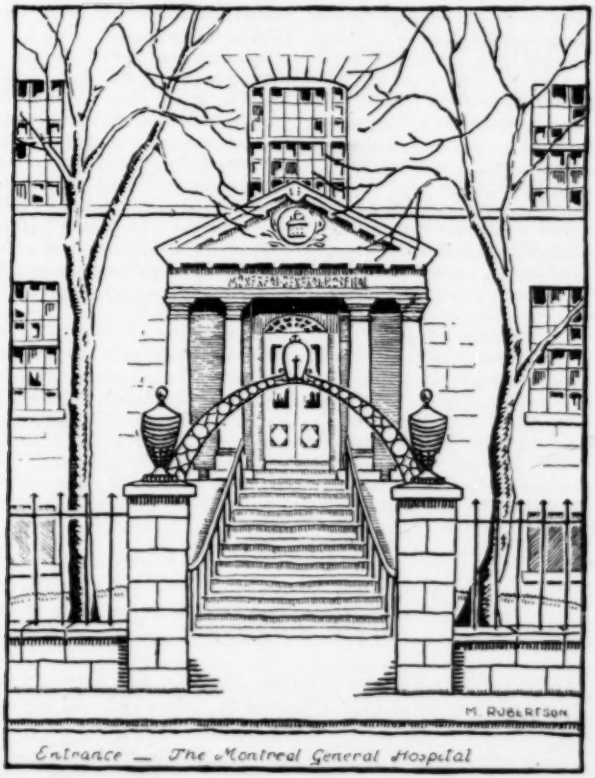
Case studies: Universal approval is given to this method of teaching and learning.

Educational measurements: The replies reflect a growing consciousness of the need for accurate and adequate educational records of the student's total educational experience, of her health, and of her personal and professional efficiency throughout her course.

Examination types: Although certain difficulties in regard to the use of the objective type of examination are indicated, many advantages in its use are recorded, and it is being adopted in many of the better schools.

A GATEWAY

Through this portal, so distinctive in its old-world charm, the swift current of hospital life has ebbed and flowed for more than a hundred years. The first patient crossed its threshold in 1821 and today it is still the main entrance to the imposing group of buildings which now constitute the Montreal General Hospital. Its dignity and grace are admirably portrayed in this drawing, made by a Canadian artist, Miss Marion Robertson, of Montreal. Christmas cards showing this design may be obtained at the Hospital at a cost of twenty-five cents for two, or $1.50 for one dozen.



Entrance — The Montreal General Hospital

PROVINCIAL MEETINGS

Alberta

During October the Alberta Association of Registered Nurses and the Alberta Hospital Association met in conjoint convention in Edmonton, the first day being given over to joint sessions and the second to business meetings. The guest speaker was Dr. Harvey Agnew, who conducted round-table conferences and spoke at a luncheon meeting. Addresses given by Dr. J. J. Ower, Provincial Pathologist; Dr. R. T. Washburn, Superintendent of the University Hospital, and Dr. A. H. Baker of the Provincial Sanitorium, were full of practical interest, and Hon. Mr. Hoadley, Minister of Health, spoke on "The proposed health insurance scheme in its relationship to hospitals and the nursing profession, including private duty nurses." This was followed by brief addresses by Dr. Wallace, President of the University of Alberta; Miss Connal, convener of the nursing education section, and Dr. A. E. Archer of Lamont, their subjects being "What hospitals conducting schools of nursing should offer the student nurse"; "What hospitals should expect from the student nurse"; "What the community should expect from the nurse." Canadian nurses are well aware of the progressive attitude and sympathetic understanding of Dr. Wallace toward nursing education. Miss A. Conroy, who is a public health nurse in a rural community, gave a most interesting talk on "Nursing problems in a rural community" and described some very original improvised equipment. Miss Brighty, superintendent of provincial public health nursing, described an experiment in community nursing conducted by the Alberta Association of Registered Nurses which is planned to give supervised experience in district nursing in a rural community to a graduate nurse and at the same time the much needed nursing service to the community. Dr. Bow, Deputy-Minister of Health, then told of the two Public Health Units at present functioning in this province. The delegates were later the guests of the Capitol Theatre when the film "Good Hospital Care," produced under the direction of Dr. M. T. MacEachern, was shown. At a luncheon, arranged by the Edmonton Association of Graduate Nurses, the guest speaker was Miss K. Underwood, a young journalist, who gave an interesting description of an aeroplane trip to the Great Bear Lake mining district. The delegates from both Associations were guests at afternoon tea at the Royal Alexandra Hospital. The following resolutions were passed: (1) A resolution to ask the A.A.R.N. Council to appoint a committee to investigate the scheme for a registry as suggested by the C.N.A.; (2) A resolution to ask the local censor of moving pictures to extend the courtesy of an invitation to a member of the Council of the A.A.R.N. to pre-views of pictures in which nurses are featured in order to eliminate anything derogatory to the nursing profession; (3) A resolution that a refresher course for members of all three sections be arranged.

British Columbia

The autumn meeting of the Graduate Nurses Association of British Columbia was held in Victoria on October 6 when a heavy programme was carried through in two sessions, instead of the three usually given to business. In the place of the evening meeting, a dinner was held when Miss Elizabeth Grubb gave an address entitled "Ill-Health and Social Adjustment." A very interesting exhibit of ward equipment used at the Royal Jubilee Hospital was shown and an excellent address was given by Miss Cora Tretheway on her experiences in England during the past year. Sectional business meetings were held as usual and the afternoon meeting was used for considering the resolutions and reports from the Biennial Meeting of the Canadian Nurses Association. Included in the list of those attending were several nurses who had been at sessions of the British Columbia Hospital Association, whose annual meeting occupied the earlier part of the week. Greetings were sent to Sister Mary Ignatia, R.N., who left that day with a party of Sisters of St. Ann for Japan. The annual meeting of 1935 will be held in Vancouver.

WHY WORRY?

Stop worrying about those Christmas presents. Here are two perfectly good suggestions: Send two dollars to us at 1411 *Crescent St., Montreal, and we will send her* The Canadian Nurse *for a year. And if she was ever in the Army (or even if she wasn't) she would enjoy reading Miss Mabel Clint's beautifully written "Our Bit." Orders should be sent to the author at* 2112 *Claremont Avenue. The price is* $1.25.

THE EDITOR'S DESK

■ ■ ■

Just by way of a mild celebration we are restoring (for this occasion only) to the caption of this page, an artist friend's conception of what our desk should look like at Christmastime but probably won't. In sad reality the romantic quill pen is replaced by a wooden affair, the handle of which we occasionally nibble when in the throes of literary composition. There is no room for the Roumanian vase and the gay holly, nor indeed for anything else except untidy wire baskets usually filled with galleys waiting to be proof-read. Yet the steady flame of the candle has its own significance. It is only one of many, lighted in faith and hope the world over at this time of the year, in memory of the birthday of a little Child.

Reader's Guide

This month there are several features of the *Journal* to which we would like to draw your attention. First of all comes the leading article, in which Dr. Lusk, like the wise and humane physician that he is, gives us a frank diagnosis and suggests some remedies. Another physician, Dr. Sutton, in the "Nursing care of polio" provides just that blend of practical sense and scientific knowledge which is so hard to come by in articles of this kind. Under the caption of "New light on public health", Miss Anna E. Wells, chairman of the public health section of the Canadian Nurses Association, summarizes the findings of yet another important survey and applies them to our Canadian scene. Miss Batson, in her clear and concise programme for staff education, gives us a lead in a piece of work we ought to get on with. In "Education for private duty" Miss Tallman displays a fine conception of the duties and privileges of the private duty nurse. Things seem to be stirring in the provinces too. Just read *Notes from the National Office* and the reports from Alberta and British Columbia which appear in the body of the *Journal*, and be sure not to miss the lively arguments on the correspondence page.

Curriculum

You should have seen the huge piles of questionnaires returned from all parts of the country which Miss Lindeburgh, the energetic chairman of the Central Committee on Curriculum, had to analyze in order to provide you with the cross section of nursing opinion which appears this month. Excellent work has been done by many busy women in answering these questions and it will be a satisfaction to them to know that their thought and effort are being woven into the fabric of the new curriculum.

Index

This issue of the *Journal* contains the index for 1934. As we compiled it we were struck by the pattern which gradually emerged from its rather uninspiring pages. Just turn to it for a moment. It is a sort of intelligence test. If you have sufficient knowledge and insight, plus a dash of imagination, it will turn into a map on which you may trace the salient features of our Canadian nursing scene. A stubborn pride whispers that, when our Golden Jubilee rolls round in 1959, the President of the Canadian Nurses Association in search of historical background for her presidential address, may run her finger down the lines and get a fairly clear picture of what Canadian nurses were thinking and doing in the year of their Silver Jubilee.

Correspondence

"I arise to remark . . ."

. . . in response to a portion of the article entitled "What do you think about it?" in the November issue of the *Journal* (p. 529) that it is apparent that the writer feels that practical sense and higher education are incompatible—yet she comments favourably on my letter entitled "Unemployed?", which appeared in the July issue of the *Journal* (p. 323). Therefore—I arise to remark—that I, "An Ontario Nurse," do not feel I could have accomplished the piece of work which I did in my community had it not been for the broadened vision obtained through continued study since graduation, twelve years ago. I have a Bachelor of Science degree in nursing administration —not that this is essential to accomplishment —but academic preparation has, for me, been a decided asset. Yet I have lost none of the practical sense I possessed, and feel confident that my horizon has been broadened to include the greater need.

Will any nurse in Canada, who has done advanced scholastic work, say that it has failed to lend a new flavour, riper and richer, to her work? I wonder, could it be that those who have not tasted do not know the real flavour?

"An Ontario Nurse."

Would This Help?

The letter of "A Private Duty Nurse" in the October number of the *Journal* (p. 470) was of especial interest to me as I feel sure the statements made in it are only too true. Nurses all want to keep up their standards but what with unemployment, competition from practical nurses and others with a knowledge of nursing care, the trained nurse has a very hard situation to cope with. Has not a nurse good reason to feel bitter if she finds she is not getting a square deal from the registry? Why give a nurse registration in a certain province if she finds she is considered an interloper in certain localities in that very province? In the majority of cases "The Golden Rule" is forgotten.

May I make a suggestion through this page —without prejudice? At the annual meeting, could the registrar provide for inspection, by private duty nurses, a written statement showing where each and every call came from for the individual nurse, be it from doctor, patient, friend or registrar? In this way every nurse would be satisfied if her name were listed according to the calls she received together with the dates they were received; then, if Miss Blank's name were listed more often than hers, each nurse would know where the calls came from and would surely be broad-minded enough to feel she had had a square deal. In my opinion this would be fair to registrar, nurse, and all concerned — and I feel sure that more nurses would have confidence in the registry and pay the fee without a grudge. Does not a Council give a complete report—then why not a registry? Private duty nurses, don't be timid. Give your opinion and suggestions — this is your privilege, and your problem.

"Another Private Duty Nurse."

A Word for the Registrar

Miss McMullen's article, "The future of private duty nursing" which appeared in the November *Journal*, gave me several new ideas. Of course it is nonsense to say there is no future for private duty—but I wonder if that future will not be under the guidance of the State rather than under a federal or provincial council? I have watched our associations grappling unsuccessfully with this problem. When there was lots of work and money it was a simple matter to have a registry and provide nurses in answer to calls; but there never was any real supervision or discipline because the registrar had no real power. She had to contend, more or less, with the nurses, doctors and public. The fact that so many nurses think they are unfairly treated unless called in rotation, no matter what their qualifications for a certain case may be, shows that the ordinary graduate nurse does not understand that nursing is a highly competitive job just as much as any other means by which you earn money. It is not only a question of hours that makes a nurse like hospital work better than private duty, but because, when you are on salary, there is no question of money between you and the patient. It seems such a let-down, somehow, when you have nursed a patient who, in spite of everything, does not recover, that the next move on the programme must be the presentation of your bill. To me this has been the very worst feature of private work. Give me a headquarters and a salary, even if it is much less than we used to make in the "good old days."

"An Alberta Nurse."

Department of Nursing Education

STAFF EDUCATION

MARTHA BATSON, Instructor of Nurses, School of Nursing, Montreal General Hospital.

Every institution in this age of rapid change and growth needs constant re-examination to determine whether it is growing in the right direction. Training and education must go hand-in-hand to produce leadership and to make us realize our professional usefulness. Before expert nursing service can be developed we must select the right kind of student material to work with, and we must be able to secure well qualified people on the nursing staff, who will be prepared to put on the kind of educational programme which will give us not only better schools, but better nursing service, both in the hospital and the community.

Now the preparation of the nursing staff (by this I mean those responsible for the care of the patient and the training of student nurses) can only be accomplished by some well organized programme of staff education. Dr. Weir, in the Survey of Nursing Education in Canada, emphatically states that: "Institutional positions should be considered among the choicest that the nursing profession can offer. Only high-grade, well-educated nurses should be accepted for these positions—nurses with specialized training and skills, competent to teach some branch of their professions as well as efficiently discharge their other nursing duties." He also states that it is not humanly possible to give this high quality of service unless the eight-hour day be adopted.

Some Definitions

Now what is meant by staff education? For our present purpose we may accept Mrs. Mary M. Wayland's definition: "Staff Education is a programme for developing workers on the job in which they are engaged as full-time workers. It is one of several ways of improving those in service." This type of education has been carried on (perhaps under no name) for many years by earnest women, responsible for the care of the sick in our hospitals and for the training of students. Miss Katherine Densford classifies staff education into two main types; first, that which improves the technical skill and ability of the workers, and second, that which enriches their general background and understanding.

A staff programme cannot be emphasized too much, and not until we have proper care given in our hospital wards can we expect our staff education programme to attain maximum, or even moderate, efficiency.

Special Preparation

In the June number of *The Canadian Nurse* an excellent article appeared entitled "Opportunity Beckons." The author emphasizes the need of special preparation for those holding staff positions in institutions. To quote briefly: "Why is it that the courses in public health are eagerly sought, while those in teaching and supervision in hospitals attract only a handful. Head nurses and even supervisors are sometimes selected on the basis of executive ability alone, without enquiry as to their capacity or willingness to teach, though teach they must, since their departments are staffed largely by students." Women who are charged with the teaching and direction of students need intellectual stimulus and they should be encouraged to seek it; and hospitals and universities should be prepared to offer the kind of education which they seek.

An address delivered at the Biennial Meeting of the Canadian Nurses Association, June, 1934.

The Head Nurse

While many of the instructors and supervisors have had specialized training before entering their respective fields, there is one group which needs special preparation—the head nurse group. Nursing is more complex today than formerly, therefore a wider knowledge is required and a head nurse is a graduate nurse who is in charge of a ward or unit How many head nurses have had any actual preparation for their jobs? Yet she is directly responsible for the care of the patient and the field work of the student. She holds a very important position, as she is not only responsible for the patient and the student, but equally responsible to the doctor, who must be able to depend upon her skill, and judgment in the many crises which occur during his absence. She has to be alert to see that every treatment is carried out, and to help her students to fix standards which can be carried over into situations less ideal than those met with in the hospital ward.

She is also charged with the supervision of the ward helpers and ward maids, and must get the work done in the least time in the best interests of all concerned. It is she who keeps the ward machinery running smoothly. To carry out the many duties required in a large ward, without an assistant, makes it difficult for her to have any time left for teaching, even though she may be interested in doing so. Yet if we assume the responsibility of training students, we must also be responsible for their teaching and supervision so that efficient and intelligent nursing care may be given. Students spend about three-quarters of their time in the wards, during their three years, practising nursing. When so much depends upon the preparation of the head nurse, it is important that her training be of the right kind and not left to chance.

General Duty

Then there is the general duty group. General duty in a hospital means a service rendered by a graduate nurse, who has been employed to assist with the nursing service in any one of the many departments of a hospital. In this group is the young woman who is enriching her experience in bedside nursing, and who is further preparing herself for the position of head nurse or supervisor. General duty nurses should be helped to appreciate the advantages and opportunities of their work, and to look upon that service as a valuable graduate experience.

A Possible Programme

There are many ways of developing staff education in our hospitals, many constructive programmes have been outlined. The following are a few:

Every opportunity for educational advancement should be given and courses in psychology, principles of teaching, biology, mental hygiene, public health, social science and physiology might be arranged. All these have direct bearing on the clinical work. They may be taken by attending evening classes or summer courses. Time would have to be provided.

Regular staff conferences, say weekly. These conferences should be informal, so that all may feel free to bring their problems for solution.

Observation of student demonstrations in nursing practice from time to time, so as to be well acquainted with the methods taught. This enables the head nurse to direct the work of the student more intelligently.

Periodical visits should be made to public health centres to become acquainted with the preventive measures taught.

A course in hospital and ward administration planned by experienced members of the staff. This would be helpful in developing better methods of administration.

Making good use of the library, which should be well equipped with material of interest to staff nurses.

Rotation in the different services, say once or twice a year, this to include night duty and the out-patient department.

Departmental conferences at which the care of the patient and any new treatment in the various departments, such as gynaecology, surgery and paediatrics, should be brought forward and discussed. This type of conference is invaluable.

Attending meetings of nursing organizations including all groups such as public health, private duty and nursing education. Keeping in close touch with the provincial and national organizations, and participating in the activities of these organizations.

A greater effort should be made to encourage and stimulate all staff members to read more regularly the nursing journals, both national and international, so as to keep in touch with nursing developments in other parts of the world. Recently a prominent public health official who has had experience in grading examination papers written by nurses, made the statement that nurses are very negligent in the matter of reading their professional journals.

Nursing by the case assignment method whereby the general duty nurse may be encouraged to make a study of the particular treatments, and to discuss them from time to time.

Having doctors demonstrate any new treatments, and attending lectures given by the medical staff.

Utilizing the exchange system whereby there may be an occasional exchange of an instructor, supervisor, or head nurse.

Leave of absence for periods of study. This would be difficult in our busy hospitals but these individuals would return to their work refreshed, enthusiastic, and with a broader vision and understanding.

Refresher courses or institutes organized or sponsored by hospitals and universities.

Spending an indefinite period, say one week, in the training school office to obtain a knowledge of records and administrative policies and methods.

There should be some form of education to help the nurse to a better understanding of life in general and of her function as a nurse.

Miss Nutting has very appropriately stated that for us, as nurses, the thing that seems to be of the utmost importance is that whatever we undertake to do shall be well done. We are on trial before the world, being tested for our judgment, good sense and knowledge of our own situation. If we can keep alive in our groups the desire to do and learn, and to improve in their work, to be happy doing and improving, and to have a vision, then the world will be worth while.

THE BLOODLESS PHLEBOTOMIST

This little journal, published by the Denver Chemical Manufacturing Company of New York, is replete with interesting articles written by physicians who are located in many different countries. Its purpose is to acquaint its medical readers with Antiphlogistine and the little journal is well worth reading. If you do not receive a copy write to the Denver Chemical Manufacturing Company, New York, who will place your name on their list.

Department of Private Duty Nursing

EDUCATION FOR PRIVATE DUTY

RUTH E. TALLMAN, Private Duty Nurse, Hamilton, Ont.

Private duty, though the oldest branch of the profession, is yet the latest to take on organized and professional form, and of all branches of nursing, has the most difficult and, in some respects, the most unsatisfactory basis. What *are* the functions of a private duty nurse? Have they been defined? Let us see. To begin with the Committee on Education of the International Council of Nurses have given this definition of a trained nurse:

A trained nurse is a person of good general educational and cultural background who has completed a period of professional preparation in nursing of approximately three years, as a full-time student, in a recognized school of nursing, under a fully qualified nursing and medical staff. This training should have prepared her to give expert nursing care to medical and surgical patients of both sexes and of all ages, including the mental as well as the physical, the preventive as well as the curative aspects of nursing.

Our own National Committee on Curriculum has recently defined the objectives of nursing education as follows:

1. To place nursing service and nursing education on a full professional basis, and to produce in our schools, not only trained nurses but educated nurses, if nursing is to hold its own with the many other vocations for women and if it is to compete with these vocations in attracting the best type of young women.

2. To broaden the conception of nursing service to include the nursing care of the whole patient, mind as well as body; attention to the whole environment, social as well as physical; the prevention of sickness as well as the bedside care of the sick, and health service to families and communities as well as to individuals.

Surely such an educational programme should give student nurses at least an elementary preparation for nursing in the home. Its soundness is confirmed by Dr. Weir in "A Survey of Nursing Education in Canada" wherein he outlines some of the teaching methods which are needed in its development. These may be summarized under the following headings:

Psychology

The modern nurse should know something of mental hygiene, for unless she understands the mental attitudes of her patient her success can be only partial. She may with profit be introduced to the causes, symptoms and conditions of emotional disturbances and mental abnormalities, not only of the patient, but also of the patient's family and friends. This education may make all the difference between a calm and peaceful influence or a strained and antagonistic atmosphere, especially in a home. To understand the patient's whims, the nurse must be a humanist rather than merely a technical automaton. To tactfully impart a knowledge of the way to better health requires the trained teacher.

Case Assignment Method

Case study involves the consecutive nursing of the patient as a whole, not in parts. From the standpoint of developing responsibility in character and putting real vitality into the nurse's education, the case assignment method is definitely superior to the more common efficiency method. Only in this way can the nurse have opportunity to study the complex personality of the patient as a whole. It is only reasonable that all students should, before graduation, receive

some training in the field of work which immediately confronts them. In a home, when the doctor is absent, the nurse has full responsibility for her patient, and she must be trained to accept this responsibility. Case assignment trains her to watch for symptoms of complications which may develop in the disease, as well as in the patient's mental attitude towards life.

Nursing Interneship

As an aid toward development of a social and community viewpoint close correlation with some social service or visiting nurse organization should be established. The gradual introduction of a nursing interneship or district nursing should be made an objective in training student nurses. This suggests the observation of at least three treatments, in homes, such as bladder irrigation, hot pack, and morning care of a maternity case. Preparation for a maternity case in a home requires special demonstrations of a very practical nature—sufficient for opposite types of homes — one providing every convenience and one requiring the strictest economy.

Social Training

Many girls enter the hospital with little or no social training. A social instructor would educate the students in the art of conversation, the development of a pleasant personality, and a knowledge of the current events of the day. This general knowledge would be a real asset to any nurse — particularly during her contact with patients who have had the advantage of a higher education than herself. To keep a patient from becoming self-centred and introspective is a large part of a nurse's duty. The trained nurse entering any home to take care of a patient is in the beginning only one more problem connected with that illness, and only insofar as she is able to bring understanding sympathy together with well-balanced judgment and adaptability into that home, can the problem not only of her presence but of the situation as a whole be comfortably adjusted.

Essential Qualifications

Student qualifications, therefore, relating to intelligence, personality, aptitudes, character, social and cultural background as recommended by Dr. Weir, and outlined in the curriculum study are among the first considerations in the preparation for private duty nursing. These may be briefly stated thus:

First, *intelligence*, and the special education necessary to give her a mastery over the techniques that apply to the particular branch of service involved. This implies sufficient liberal education to enable her to appreciate all legitimate human interests, never forgetting that many situations exist in the practice of nursing that demand a keen sense of humour.

Second, *personality*, which is the sum total of the nurse's physical, mental and moral characteristics, plus their organization into a unity that conditions the engaging effect of the nurse upon her associates.

Third, *character*, and a whole-hearted but well-balanced devotion to the service of her patient and an immovable determination to prefer always her patient's to her own interests.

A Teacher of Health

It is in the battles fought and won in the private duty nursing field that the barriers have been broken down and the way paved for the coming preventive health teaching. If the best constructive work for health teaching is to go on, the closest correlation in ideals must exist in the education of the private duty and the public health nurse. The hourly and daily aim of the nurse giving continuous bedside nursing care, is toward positive health. With her expert skill, her well-developed adaptability to all circumstances, and her sympathetic presence, a good private duty nurse has an unparalleled opportunity to be a real health teacher.

Department of Public Health Nursing

NEW LIGHT ON PUBLIC HEALTH

ANNA E. WELLS, Health Education Service, Province of Manitoba; Chairman of the Public Health Nursing Service of the Canadian Nurses Association.

One of the most important and significant contributions to public health literature that has appeared in recent years is the report of a survey of public health nursing* undertaken by the National Organization for Public Health Nursing in the United States, through the financial aid of the Commonwealth Fund. It is important because the facts gathered reflect the peculiar position of the public health nurse in the field of public health; and significant because it shows the trend of public health nursing and seems to mark the beginning of a new era in this type of nursing service.

Why It Was Made

This survey, the first of its kind, was planned and begun in 1931 before organization and practices in public health nursing were greatly affected by economic and social stress; and completed in June, 1932, when distress was definitely felt in certain sections of the area studied. It was undertaken primarily as an attempt to measure the effectiveness of public health nursing according to the yardstick of accepted standards; with the justification that in its amazing growth during the past twenty-five years, public health nursing had been "pushed into many settings . . . subjected to a variety of influences, and had adapted itself to a number of controlling factors." To gain as complete a picture as possible, a cross section study of the whole field in the United States was made of fifty-seven principal kinds of public health nursing agencies: public health nursing associations, departments of health and boards of education in twenty-eight districts. The report covers organization and administration, personnel, provisions for the education of nurses, working conditions, student affiliation, financing, community relationships, nursing programme and quality of service.

A highly condensed summary of the conclusions is appended which it is hoped will stimulate a careful study of the book itself.

Organization and Administration

Accepted principles and standards are applicable to all types of agencies which administer public health nursing.

The dangers of static control by governing boards may be avoided by wide representation of men and women, and provision for rotation of membership.

Statistical accounting of a nursing service is essential to sound administration, and calls for uniformity of records and definitions of types of work, particularly in comparing service with that of other agencies.

Education of Nurses

Approximately only one-third of the nurses in the agencies studied have had any theoretical preparation. The major problem at present belongs to schools of nursing, the individual nurse, and the public health nursing agency. Since the responsibility for preparing the nurse for the field of public health has fallen largely upon public health agencies, it is necessary for them to provide for and improve their present facilities for educational supervision, and for a continuous staff educational programme. This responsibility also implies a careful selection of nurses who have within their personal and educational equipment the equipment and capacity for growth and development. It is worthy of note that

*"Survey of Public Health Nursing" by the National Organization for Public Health Nursing. K. Tucker, General Director, and H. Hilbert, Assistant Director for the Survey. Published by the Commonwealth Fund, 1934, 41 East 57th Street, New York. Price, $2.00

all studies and activities which lead to the incorporation in schools of nursing of the fundamental theory and experience essential as a basis upon which to build further public health nursing preparation and practice are also endorsed. Provision for continuous staff education is generally lacking in extent and method when compared to the need for facilities for written guides, library, attendance at staff and outside conferences and leaves of absence for educational purposes.

Working Conditions

An important factor affecting the efficiency of the public health nursing agency is the health of public health nurses. While sick leave for actual illness is generally allowed, measures for the prevention of illness are practically non-existent. Since an excessive load of work puts an unusual stress on health, nurses should not only come to an agency in good health but should have provision for continuous health supervision after appointment. Salaries, pensions, uniforms, equipment, working hours and vacations also affect the efficiency and well-being of the nurse upon whom rests the responsibility for adequate service.

Student Affiliation

That programmes for students are not better planned and executed is due to two factors: inadequacies of staff and facilities for teaching. When public health nursing agencies assume responsibility for teaching student nurses, either undergraduate or postgraduate, there is a distinct advantage for the agency as well as for the school of nursing, providing that adequate educational experiences are planned and given to complete fundamental nursing education. Such experiences are stimulating to the staff and provide a means of recruiting nurses suited to public health nursing.

Financing

All public health nursing services should be made available to everyone in the community irrespective of economic and social status. This is not the case at the present time. In addition, all those who can afford to pay for these services should be encouraged to use them, paying for them on the basis of actual cost.

Community Relationships

Relationships between health and social agencies are for the most part casual and haphazard, though goodwill between agencies, the medical profession and other health and social organizations is essential for a sound and productive relationship. Such a relationship would mean:

A real understanding of each other's services and division of responsibility.

Use of social service exchange.

Systematic referral of cases and reporting back on cases referred.

Inter-agency conferences to promote uniform standards and methods for strengthening relationships.

It is interesting to note that councils of social agencies are considered to be important in social planning and in correlating agency programmes in health and social fields, and for this reason it is recommended that all public health nursing agencies should be represented in community councils. The use of volunteer workers is regarded as a valuable means for developing service through practical assistance as well as enlisting the support of public opinion.

Nursing Programme

Since public health nursing is now administered for the most part on an agency rather than a community basis, it is desirable to emphasize its development in terms of a comprehensive community programme, and to provide machinery for programme planning with a division of responsibility between agencies in order to avoid gaps and duplications, and to work toward a reduction in the number of agencies administering such services.

Performance

In so far as it was possible to rate the intangible elements that constitute satisfactory nursing, an analysis of each type of service revealed variation in quality of performance in the following order:

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

1. Pre-natal care ranks first, although statistical records to determine early contact with patients were generally lacking.

2. Care of the sick showed a tendency on the part of nurses to give all care themselves, and to give little instructions to members of the household, thereby neglecting the educational potentialities of bedside service. An analysis of delivery care (so important from a public health standpoint) showed that only about one-third of the agencies provided for home delivery.

3. An analysis of postpartum and neonatal care revealed that only about one-third of the agencies assist with arrangements for medical examination of mother and baby at the end of the six weeks' period.

4. Health supervision of infants took fourth place.

5. An examination of disease prevention activities (including tuberculosis, communicable diseases and venereal disease) demonstrated that relatively few agencies provide bedside care for cases of communicable diseases in the home. Such provision affords the best opportunity for effective teaching in the prevention and control of these diseases. Venereal disease nursing is the least developed, consisting largely of persuading patients to return to the clinic.

6. Health supervision of pre-school children ranked sixth.

7. Health supervision of school children ranked lowest, though an important part of the nurse's work with school children is her contact with parents so that they may more satisfactorily meet their responsibilities for the health of their own children. It was found, however, that opportunities for parent instruction and participation were not generally utilized.

Criteria

Approach, technique, teaching and adequacy of care were used as criteria for rating quality of performance. A fifth element was also considered but not used. As an important factor in home visiting, however, it is worthy of mention: "awareness that the individual given care is a member of a family and a community, thus recognizing the psychological and social aspects as well as the health aspects of the home situation, and giving evidence of intelligent use of community resources for family situations."

The score for each of the four criteria is highest for public health nursing organizations, second for departments of health, and lowest for boards of education. In the case of home visits for health supervision of school children, the score ranks highest for boards of education. For all agencies as a single group, approach ranks highest, technique second, adequacy of care third, and teaching lowest. For boards of education, adequacy of care ranks second and technique third.

And in Canada?

In Canada, there is no great variation in methods of organization and administration in public health nursing from those in the United States. It may be said that our problems are similar. Thus the same need for stock-taking exists. Criticism has already been levelled at the ineffectiveness of the Canadian public health nurse as a health teacher and at public health nursing in general for its inadequacy. Is it justified? If it is, who is responsible? How can we find out? There is no fund, according to our knowledge, from which we may draw for a definite study and analysis of the general public health nursing situation and its trends in the Dominion. Therefore, this survey, made by women of proven ability in the field of public health nursing, should stimulate individual and group study of our own standards and methods that we may be ready to give intelligent direction to the development of work which has grown into an essential branch of public health service.

As a preliminary study for the individual public health nurse, the survey will encourage self-analysis. Even a casual reading of it should make her conscious of the various factors which determine good quality community nursing. As an outline of study for public health nursing groups, it should serve as a valuable guide. Lastly, as a record for comparative study, it should be in the library of every agency employing public health

nurses, and read carefully by all who have any part in the administration of public health nursing services.

In studying a report of this kind it becomes evident that while the public health nurse of yesterday was a pioneer in a new field of nursing—since she had to build the structure—the public health nurse of today is no less a pioneer in attempting to apply modern methods of efficiency to her work in the light of community needs, and to interpret such work that it may rank with the best for the common weal. Where public health nursing stands in the future may depend largely upon just such activities as these. It is a challenge worthy of the great opportunities that a changing social order will undoubtedly offer to public health nurses.

Book Reviews

NURSING SCHOOLS TODAY AND TOMORROW. The final report of the Committee on the Grading of Nursing Schools, obtainable from the National League of Nursing Education, 50 West 50th St., New York. Price $2.00.

This book summarizes the findings and recommendations of the Committee on the Grading of Nursing Schools in the United States. The principal recommendations are: Overproduction of nurses must be stopped. There is one way to do it; and that is to close most of the schools. It is a curious fact that dependence upon students for a major professional service, which seems so natural in the case of nurses, should seem too far-fetched to be seriously considered when the principle is applied to other professions. Suppose that the public schools, for example, were always staffed by normal school students who taught for three years, received their diplomas, and were then discharged to support themselves as best they could by becoming private tutors! Suppose that banks discharged one-third of their workers every year in order that they might give their places to new and untrained clerks! Suppose that hospitals reserved all their medical practice for undergraduate medical students, and assumed that as soon as a student received his medical degree he would take himself off to practise outside the hospital walls! It is hard to listen patiently to such suggestions. Yet it would seem probable—even without the abundant evidence available to prove it—that the belief "the way to secure good nursing is to have a school" lies at the heart of most of the nursing problems.

All graduate nurses, and all other workers, who nurse the sick for hire should be licensed by the State. Some means should be devised for State licensure of all schools which claim to prepare students to give any form of nursing care for hire. Schools of nursing must be developed which are directed with a primary educational aim and animated by professional ideals. They must co-operate with hospitals but they must have their own management and their own budgets if they are to function as educational institutions and to meet the social needs of the community.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Reports from the Provincial Associations of Registered Nurses to the autumn meeting of the Executive Committee of the Canadian Nurses Association showed that even during the summer, organization activities were carried on. In addition to their individual programmes, these units have under consideration the resolutions referred to them by the C.N.A. from the General Meeting of 1934.

Alberta

The Alberta Association of Registered Nurses has issued a reprinting of the Registered Nurses Act and by-laws of the Association following the adoption of amendments to the Act and the by-laws. In future the Council of seven members shall hold office for a two-year period; the council-elect, at its first meeting, shall appoint the officers from among its members. Provision is made whereby a representative (the chairman, if possible) of each of the three sections shall be invited to meet the Council at its various meetings. These section representatives shall have the privilege of taking part in the discussions of the business of the Council without voting privileges.

British Columbia

Already the Graduate Nurses Association of British Columbia is considering plans for the arrangements for the C.N.A. General Meeting in 1936, which is to be held in Vancouver. Miss Kathleen Sanderson, executive secretary of the Greater Vancouver Health League, has been appointed convener of the committee on arrangements.

Manitoba

The Manitoba Association of Registered Nurses, through a specially appointed committee, is undertaking the reorganization of the provincial office and the Manitoba Central Directory. The appropriation allowed for the operation of an interchange of nurses scheme in Manitoba having been absorbed, this activity is completed. Negotiations are proceeding for reciprocal registration with the General Nursing Council of England and Wales.

New Brunswick

At the annual meeting of the New Brunswick Association of Registered Nurses the following resolutions were adopted:

1. That the following committee be formed to function along the lines recommended by the Canadian Nurses Association at the Toronto Meeting, 1934, and to find out what can be accomplished in the way of establishing a central registry in New Brunswick which will be able to provide all types of nursing service to those in need of this: Convener, Miss Agnes D. Carson (organizer and for nine years Director of the Central Bureau of Nursing Service in Detroit City); committee members, Miss Mabel McMullen, Miss H. S. Dykeman, Sister Veronica, Miss Winnifred Dawson.

2. That an approved training school for nurses in New Brunswick shall have the following (minimum) staff: superintendent of nurses, assistant superintendent of nurses, qualified instructor, night superintendent, all registered in New Brunswick; that no hospital shall conduct a training school unless it has a daily average of 40 occupied beds including bassinettes and is able to give training in courses as approved by the N.B. Association of Registered Nurses; that the minimum entrance educational requirement shall be junior matriculation.

3. That $50.00 yearly for five years be contributed toward the Florence Nightingale Memorial Endowment Fund from the provincial treasury (this is in addition to the voluntary contributions which may be raised toward the Scholarship **Fund).**

4. That candidates writing the Registration Examinations who make an aggregate of 55 per cent and not less than 45 per cent on any two papers, be allowed a pass mark. (The present pass mark is 50 per cent on all papers.)

5. That the secretary of the New Brunswick Association of Registered Nurses write to the secretary of the New Brunswick Hospital Association and recommend that the latter Association consider sending a representative to the annual meetings of the New Brunswick Association of Registered Nurses.

Each member of the Registered Nurses Association of Nova Scotia has received a summary of the Report of the Survey of Nursing Education in Canada. The summary was prepared chiefly by Dr. H. Benge Atlee, a member of the Provincial Joint Study Committee in Nova Scotia. At the semi-annual examination for the registration of nurses, only fifty per cent of the candidates were successful in passing these examinations; the greatest number of failures were in bacteriology. Payment of the annual fee is cancelled for those nurses who by examination (in May) waiver or reciprocity join the Association prior to the current annual meeting.

Ontario

The Registered Nurses Association of Ontario is divided into nine district associations. In sections of the province, where distance is great between centres of population, the district associations have organized local groups. Five districts have adopted this plan. The local groups hold regular meetings and have a general district annual meeting. Copies of the minutes of each meeting of the local groups are sent to the district secretary who forwards them to the president and secretary of the Provincial Association. By means of the local group type of organization it has been found that members take a keener interest in the Registered Nurses Association of Ontario.

Prince Edward Island

The quarterly meeting of the Graduate Nurses Association of Prince Edward Island was held in picnic form in September. A large number of the members were in attendance and, in addition to hearing the reports of the official delegates to the C.N.A. General Meeting, there was a lively discussion on the registration of practical nurses. A short talk on the National Enrolment of Nurses by Miss Mona G. Wilson resulted in several members re-enrolling.

Quebec

Following the September meeting of the Board of Management, Association of Registered Nurses of the Province of Quebec, the secretary wrote, in part, "This will acknowledge with grateful appreciation, correspondence, copies of minutes of the Executive Committee meetings of the C.N.A., the resolutions approved in General Meeting, 1934, the list of officers, C.N.A., 1934-36, and statistical statement of the budget for 1935 and 1936. Oddly enough, every member present had attended the General Meeting in June. We appreciate very much having copies of these minutes, and all other valuable information which is sent to us from the C.N.A. office from time to time. It will be our own fault if we are not familiar with the plans and progress of our National Association of which we in Quebec constitute so large a part."

The annual meeting of the A.R.N. P.Q. is to be held in the Ritz-Carlton Hotel, Montreal, on January 30 and 31, 1935. The chairmen of the sections form the programme committee with Miss Martha Batson, chairman of the nursing education section, as convener.

Saskatchewan

The Saskatchewan Registered Nurses Association continues to increase its membership since the amended Hospital Regulations make registration in Saskatchewan obligatory for all nurses employed in hospitals in that province. Committees and sections are organized and busy.

In Memoriam

On Remembrance Day a basket of autumn flowers and foliage was placed before the Canadian Nurses Memorial in the Parliament Buildings at Ottawa by the Canadian Nurses Association.

Greetings

The staff of the National Office of the Canadian Nurses Association extends best wishes for a Happy Christmas season to all members of the Association.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

LETHBRIDGE: The Lethbridge Graduate Nurses Association met recently at St. Michael's Hospital. Thirty-two nurses were present including the St. Michael's staff. Miss M. Slater and Mrs. P. M. Sauder, appointed to investigate hospital contracts suitable for nurses and their families, gave a report of their investigations. Five of our members attended the convention in Edmonton and Miss H. Levenick, superintendent of the Galt Hospital, and Miss M. O'Neil, of the private duty section, read interesting reports.

MARRIED: On Oct. 14, 1934, Miss Verna Evelyn Bell (class of 1930, Vancouver General Hospital), to Mr. Cecil Walker.

MARRIED: On Oct. 22, 1934, Miss Helen Hocking (Vancouver General Hospital), to Mr. St. Clair Rivers.

MARRIED: Recently, Mrs. Lillias Puffer (class of 1920, Galt Hospital), to Mr. A. Bletcher.

CALGARY: The Calgary Association of Graduate Nurses met on Oct. 16 with the president, Miss P. Gilbert in the chair. It was decided to apply for affiliation with the Local Council of Women. Miss F. E. C. Reid gave an interesting report of the convention of the Alberta Association of Registered Nurses. A round-table discussion followed and was much enjoyed. Miss Maberly, of the Calgary Group Nursing Society, gave a report of the progress the society is making. The public is taking up the idea rapidly and subscriptions are coming in at a gratifying rate.

BRITISH COLUMBIA

VANCOUVER: The following are the results of examinations held in September for candidates wishing to obtain title and certificate of Registered Nurse in British Columbia. Ninety-three nurses wrote the examinations. The standing obtained was as follows: *First Class* (80 per cent and over): C. M. Clibborn, Vancouver General Hospital and U.B.C.; E. H. Blanchet, Royal Jubilee Hospital, Victoria; M. H. F. Thomas, Royal Jubilee Hospital, Victoria, and J. K. Walters, Vancouver General Hospital, *equal;* F. S. Pearl; G. L. Browne; H. E. B. Fleming; R. Cheeseman; D. A. Sharpe; L. E. Lamont; K. I. Smith; E. M. Davis and G. L. Mainwaring-Johnson, *equal;* M. E. Lawson; E. H. Bain; D. G. May; M. I. Orr; A. P. Belecky and E. D. Hickman, *equal;* G. P. Mercer and M. W. Wallbank, *equal;* K. M. Creelman and C. L. P. Gray, *equal. Second Class* (65 per cent to 80 per cent): D. L. Neuman; L. Porter and E. M. Richardson, *equal;* E. A. Wildman and F. E. Dopson, *equal;* G. C. Newport; M. K. Maude; H. C. Kendall and C. F. Nelson, *equal;* A. F. Lanegraff and W. M. Morris and J. A. Robertson, *equal;* V. A. Johnston and B. C. Risa and I. L. McAstocker, *equal;* R. C. Ashley and I. Chodat, *equal;* M. O. Blundell and M. E. Heath, *equal;* M. H. Steven and M. E. Tingle, *equal;* V. G. Baker and E. R. McCulloch, *equal;* J. O. Annand; M. Noble and C. A. Platt, *equal;* N. Cunningham; D. C. Mackin; A. Stratton; M. Olund; D. J. Barton; E. C. Wattie; M. E. Y. Day and M. E. Nichols, *equal;* E. McL. Phillips; J. E. Wilson and C. M. Gowans, *equal;* M. E. Aitken and E. K. McGee and A. H. Stevenson and M. E. Dunn, *equal;* M. H. Edwards; H. M. McGrade and M. H. Hewett, *equal;* I. M. Westman and L. P. Ferris and F. M. Stacey, *equal;* H. M. Fowler and W. M. Johnston, *equal;* G. M. Leresche and A. M. Suffil, *equal;* H. E. Garratt; F. A. Barbaree; M. C. Bridgman and E. M. Forbes, *equal;* R. E. Jenkins; E. A. Felker; E. L. Dannhauer and J. I. McNeill, *equal;* P. A. McLeod; M. E. Mitchell; H. M. Higgs; M. M. Verchere; E. T. Clappier; K. Jackson; M. W. Hallam and M. W. Inglis, *equal.* Passed (60 per cent to 65 per cent): J. C. Gray; E. D. Egg. *Passed with* (1) *supplemental:* B. Ball.

MANITOBA

WINNIPEG: The election of the following officers of the Nurses Alumnae Association of the Misericordia Hospital, Winnipeg, took place at a meeting held on Oct. 10: Honorary president, Sister St. Bertha; president, Miss E. Bannatyne; vice-president, Miss B. Picken; secretary, Miss S. Honning; treasurer, Miss D. McDonald.

WINNIPEG: The Winnipeg General Hospital Alumnae Club has been re-organized under the leadership of five groups as follows: professional problems and current events group under Miss P. Anderson; social group, under Mrs. W. H. Anderson; handicrafts group, under Miss L. Thordarson; music, art reading, poetry and drama group, under Miss E. Wilson; and the social service group under the leadership of Miss S. Pollexfen. Each group is preparing a splendid programme for the winter months, which includes a service undertaken last year, which will be continued by the social service group, of caring for two families, one in the city and one in the

country. It is also planned to have several well-known public speakers at our future meetings.

MARRIED: On Oct. 11, 1934, Miss Mildred McKay (W.G.H., 1931), to Dr. John Roland McDonald.

MARRIED: In October, 1934, Miss Sarah Isabella Ramsay (W.G.H., 1927), to Mr. Leslie Mackay.

MARRIED: On Oct. 20, 1934, Miss Kate Schellenberg (W.G.H., 1930), to Mr. A. Wilke.

NEW BRUNSWICK

FREDERICTON: A meeting of the local Chapter N.B.A.R.N. took place on November 5, with a good attendance. Plans were made to provide Christmas boxes for sick nurses. Dr. Gilbert Turner gave an interesting address on poliomyelitis. We are proud to have three of our graduates taking postgraduate courses in Montreal. We realize as never before the desirability of postgraduate education. The nurses are: Miss E. Ellis and Miss C. Brighton (1933), who are taking a course at the Royal Victoria Maternity Hospital, and Miss M. Tupper (1932), who is at the Children's Memorial Hospital.

MONCTON: The local chapter of the N.B.A.R.N. recently held a rummage sale under the convenership of Mrs. A. Hopper and Mrs. A. DeBow; a considerable sum was thus added to the funds of the chapter. A meeting of the local chapter was held on November 5 with a large attendance. Our annual meeting followed, when the following officers were elected: President, Miss M. S. Bennett; vice-president, Miss R. Gunn; secretary, Mrs. A. DeBow; treasurer, Mrs. A. Hopper; representative to *The Canadian Nurse*, Miss M. E. MacLean, assisted by Miss Honeywell.

SAINT JOHN: The annual meeting of the local Chapter of the New Brunswick Association of Registered Nurses was held at the Saint John General Hospital with a large attendance. Various reports told of much activity during the year. The following officers were elected: President, Mrs. VanDorser; first vice-president, Miss Carson; second vice-president, Miss M. Wallace; secretary, Miss C. Sabeau; treasurer, Miss M. McJunkin; registrar, Miss M. Fraser. The committee conveners are: Benefit Fund, Miss E. J. Mitchell; Public Health Section, Miss A. A. Burns; Private Duty, Miss H. Reicker; *Canadian Nurse*, Miss S. Hartley. A surprise shower was tendered Miss Ethel Crawford by a great number of her classmates and friends upon the occasion of her approaching marriage. A delightful Hallow'een party was tendered to the

POST-GRADUATE COURSE

IN THE

NURSING of TUBERCULOSIS

●

The Saint John Tuberculosis Hospital, Saint John, New Brunswick, offers a three months' post-graduate course in Tuberculosis Nursing.

●

For further information apply to:

Miss Florence E. Coleman, R.N.,

SUPERINTENDENT OF NURSES

FLORENCE NIGHTINGALE MEMORIAL FOUNDATION SCHOLARSHIP

A scholarship of the value of twelve hundred and fifty dollars ($1250) is offered by the Canadian Nurses Association for the purpose of taking a course at Bedford College, London, England, during the session 1935-36 for either (1) Nurse Administrators and Teachers in Schools of Nursing, or (2) Public Health.

Applicants must be graduates of an approved School of Nursing and be registered in the province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information of the courses may be had on request, from

The Executive Secretary,
CANADIAN NURSES ASSOCIATION
1411 Crescent Street, Montreal,

to whom completed applications should be returned not later than March 1, 1935, along with necessary forms and credentials.

affiliating nurses by the nursing staff of the Saint John Tuberculosis Hospital. Miss Florence Coleman, superintendent of nurses, was a gracious hostess.

MARRIED: On Sept. 6, 1934, Miss Doris L. Robinson (S.J.G.H., class 1926), to Mr. Thane Belyea.

ST. STEPHEN: The annual meeting of the local chapter of the N.B.A.R.N. was held on October 16, when favourable reports were given by the secretary and treasurer and the election of officers resulted as follows: President, Miss Mabel McMullen; vice-president, Miss C. Boyd; treasurer, Miss J. Murray; secretary, Miss M. Dunbar; refreshment and entertainment committee, Miss Boyd and Miss Murray; reporter to *The Canadian Nurse*, Mrs. Harry Short. Miss Grace Moffat, superintendent of the Chipman Memorial Hospital, has returned from a visit to Montreal.

WOODSTOCK: A meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held on Oct. 16, when Dr. J. F. L. Brown gave an interesting lecture on public health.

NOVA SCOTIA

ANTIGONISH: At the recent meeting of the Maritime Conference of the Catholic Hospital Association the following officers were elected to serve during the coming year: President, Sister Kerr, R.N., Reg. Ph., Hôtel Dieu Hospital, Campbellton, N.B.; first vice-president, Sister Veronica, R.N., St. Joseph's Hospital, St. John, N.B.; second vice-president, Sister M. Camillus, R.N., City Hospital, Charlottetown, P.E.I.; third vice-president, Sister John Baptist, Bethany, Antigonish, N.S.; secretary-treasurer, Sister Kenny, R.N., Hôtel Dieu Hospital, Chatham, N.B. The committee includes: Mother M. Ignatius, R.N., Bethany, Antigonish, N.S.; Mother Audet, Hôtel Dieu Hospital, Campbellton, N.B.; Mother Angela de Brescia, Hôtel Dieu Hospital, Moncton, N.B.; Mother M. Sacred Heart, Hôtel Dieu Hospital, Chatham, N.B.; Sister Anna Seton, Halifax Infirmary, Halifax, N.S.

HALIFAX: The Halifax branch of the R.N.A. of N.S. met on Oct. 16, with Miss Edith Fenton, president, in the chair. Plans for winter activities were discussed, among them a proposed refresher course. The three Halifax training schools recently held their graduation exercises, the Halifax Infirmary graduating thirteen nurses, the Children's Hospital twelve, and the Victoria General, nineteen, three of whom are male nurses. At the Victoria General exercises, an unusual feature was the presentation of the gold medal for highest aggregate to each of three students, who totalled the same number of points: the fortunate nurses were Miss V. Hamm, Miss M. Ernst and Miss D. Enman. Miss Jean Nelson (V.G.H., 1932) has been appointed operating room supervisor at Payzant Memorial Hospital, Windsor, N.S. Several promotions were made at the New Waterford General Hospital recently, Miss S. MacNeil, formerly day supervisor being promoted to instructress of nurses; Miss E. Johnston, formerly night supervisor, to the same position on day duty, and Miss J. Campbell, to the position vacated by Miss Johnston. Miss J. McKinlay (Public Health, McGill, 1934) has been appointed to the staff of the V.O.N., Dartmouth. Miss E. Armstrong has been appointed to the staff of the V.O.N. in Halifax.

SYDNEY: A meeting of the Registered Nurses Association of Cape Breton and Victoria branch was held on Oct. 2, with Miss J. Sullivan presiding. She urged members who have not paid their Provincial Registration fees to do so now, as a flat rate of $10.00 will be accepted as full payment of all arrears, during the present year only. At a special meeting on Oct. 16 it was decided not to reduce the private nurses' rates.

MARRIED: On Nov. 6, 1934, Miss Gertrude Banks (formerly of the staff of the V.O.N., Halifax), to Mr. Charles Moss.

MARRIED: Recently, Miss Frances Hagen (Public Health, McGill, 1933) of the staff of the V.O.N., Lunenburg, to Mr. Gilbert Berringer.

MARRIED: In September, 1934, Miss Edna Hurst (St. Martha's, 1928), to Mr. Hugh Gillis.

MARRIED: On Oct. 9, 1934, Miss Margaret Josephine Mahoney (St. Joseph's, 1927), to Dr. Darrell Delancey Althouse.

ONTARIO

DISTRICT 1

LONDON: Miss Margaret McLaughlin, a graduate of the School of Nursing of Victoria Hospital, London, has been honoured with an appointment as graduate nurse on the staff of the London Life Insurance Company of London. Miss McLaughlin is a graduate of the course in hospital administration given in the Division of Study for Graduate Nurses of the University of Western Ontario, London, and has had experience in the private duty field. She has been on the staff of Wellesley Hospital, Toronto, and of Grace Hospital, Windsor, and for the past ten years has been connected with Victoria Hospital, London, as head of the out-patient and emergency service, and latterly as second assistant and practical instructor. This is a splendid opportunity and the congratulations and best wishes of her many friends are extended to her.

DISTRICTS 2 AND 3

OWEN SOUND: At a recent meeting the Owen Sound Nurses Alumnae Association was addressed by Miss Cryderman, representing the Victorian Order of Nurses. The chair was occupied by the president, Miss F. Rae. In honor of Miss Ann McMillan, assistant superintendent of the General and Marine Hospital, who is leaving to accept the position of superintendent of the Listowel Memorial Hospital, about thirty local graduate nurses participated in a charming social evening. The nurses presented Miss McMillan with a remembrance in Lady Hamilton silver.

MARRIED: On October 20, 1934, Miss Cora Stuart (G. and M.H., 1923), to Mr. Howard Graham.

BRANTFORD: A meeting of the Victorian Order of Nurses, districts 2 and 3, was held here recently, fifteen members being present. The guests were entertained at dinner and Miss Anne Ash, formerly with the V.O.N. in Calgary for nineteen years, gave an interesting talk on her experiences in the West. Miss H. Kerr, of the V.O.N., has commenced her Mother League classes for girls. Miss T. Dawson, organizer for the Home Nursing Classes, Brantford Branch, Ontario Red Cross, has outlined a constructive programme for the coming season. Following is a list of the various groups and teachers: Gunther, Ltd., Miss Nichol; Paterson, Ltd., Group 1, Miss Argue; Wm. Patterson, Ltd., Group 2, Miss Kuhl; Ladies from Rebecca Lodge, Miss Kerr; Mohawk Institute (Indian School), Miss Moyer.

MARRIED: On October 2, 1934, Miss Frances Jean Batty (B.G.H., 1930), to Mr. Wilfred Knoepfli.

MARRIED: On July 30, 1934, Miss Grace Turnbull (B.G.H., 1927), to Mr. James Davison.

GUELPH: Miss M. Clark, a graduate of Guelph General Hospital, has accepted the position of assistant superintendent at Smiths Falls Public Hospital. She has had considerable experience in hospital administration; as operating room supervisor at the Moose Jaw General Hospital, and for over six years was assistant superintendent at the General Hospital, Galt.

STRATFORD: At the annual meeting of the Alumnae Association, the following officers were elected: President, Miss K. Snider; vice-president, Miss D. Rohfritch; secretary-treasurer, Miss F. Weicker. Appropriate ceremonies marked the opening of the paediatric ward of the General Hospital; this ward was made possible through the efforts of the

Stop! Look! Listen!

Has it occurred to you that

The Canadian Nurse

would make a grand Christmas present?

Send us the name and address (and two dollars, of course!) and we will break the happy news by means of a charming Christmas card.

P.S.—*If she lives abroad, we are sorry, but it will be 50 cents extra.*

Women's Hospital Aid. Mrs. Snider formally dedicated the room furnished by the Alumnae.

MARRIED: Recently, Miss Olive Morris (S.G.H., 1932), to Mr. Frank A. Davis.

DISTRICT 4

HAMILTON: A successful bridge was held by the Hamilton district on October 22, the proceeds being donated to the Permanent Education Fund. The regular meeting of the A.A. of the H.G.H. was held on November 6, when Dr. Cornett gave an interesting address on the life of Dr. Edward Trudeau.

DISTRICT 5

BRAMPTON: MARRIED: On August 28, 1934, Miss Dorothy McArter (St. Michael's Hospital, 1932), to Dr. Herbert Hetherington.

MARRIED: On August 28, 1934, Miss Margaret Sugrue (St. Michael's Hospital, 1932), to Mr. J. Murphy.

TORONTO: Miss Edith Campbell, M.M., A.R.R.C., until recently superintendent of the Victorian Order of Nurses in Toronto is now living in Montreal. During the fourteen years Miss Campbell was in charge of the Toronto Branch she brought about many improvements in the living and working conditions of the staff, and stimulated a very real *esprit de corps*. At the time of her retirement she was chairman of the joint enrolment committees of R.N.A.O. and an honorary president of the Toronto Unit of the Overseas Nurses Association. Miss Campbell is a graduate of the Presbyterian Hospital, New York, where, prior to 1914, she was in charge of the Hospital Social Service Department. Going overseas with the first contingent she was attached to a British Hospital in Boulogne. Being given rank of Matron, she opened the Canadian Red Cross Hospital at Taplow in 1915, and remained in charge for several years. Later she returned to France as Matron of No. 1 Canadian General Hospital at Etaples, where she received the Military Medal for devotion to duty during enemy air bombardment.

TORONTO: The annual meeting of the Community Health Association of Greater Toronto was held on October 22. Miss Manning presided and Dr. C. H. McCuaig, senior assistant and chief of staff at the Psychiatric Hospital, Toronto, spoke on "The problems confronting the nurse in community mental health." Miss Gamble was re-elected as president for the ensuing year.

TORONTO: On October 20, the Right Hon. R. B. Bennett laid the foundation stone of the new Women's College Hospital, Toronto, of which Miss H. Meiklejohn is the capable superintendent. A guard of honor of naval cadets preceded the procession of speakers and guests to the platform and Girl Guides acted as ushers. The members of the present nursing staff of the hospital, wearing blue capes over their uniforms, were seated together. The invocation was read by Sir Robert Falconer, who later, dedicated the hospital. The copper box placed in the foundation stone contained greetings from the alumnae of today to those of tomorrow.

TORONTO: A meeting of the staff council, Toronto Branch, Victorian Order of Nurses, was held on October 2, when a reception was held in honour of Miss Ethel Cryderman who recently took over the duties of superintendent of the branch. She was presented with a bouquet and, in expressing thanks, referred to the fine spirit of service which had been developed in the branch during Miss Campbell's administration. Miss M. McNamara, president of the staff council, assured Miss Cryderman of the co-operation and support of members of the staff and asked her to accept the office of Honorary President of the Council.

WESTON: At the conclusion of the business meeting of the Alumnae Association of the Connaught Training School for Nurses, held on September 20, Miss E. MacPherson Dickson, superintendent of nurses, was presented with a silver tea service on the occasion of her retirement.

DISTRICT 6

PETERBOROUGH: Chapter C, District 6, R.N.A.O. held a well attended meeting on September 25 when its president, Miss Anderson, gave a report of the C.N.A., Biennial Meeting. On October 21 we were happy to welcome Miss Buck, president of the R.N.A.O. who praised District 6 for the splendid work it is doing in relation to the Education Fund. She commended us to go over our membership list and make all possible effort to increase it. We think we can and will.

THE
Manitoba Nurses' Central Directory
Phone 27 700
510 MEDICAL ARTS BUILDING
Winnipeg, Man.

The Central Registry Graduate Nurses
Phone Garfield 0382
Registrar:
ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

PETERBOROUGH: In October the Nicholl's Hospital Alumnae Association sponsored a motion picture, which proved a huge success. The sum of $300.00 previously donated by the Association to purchase beds for the pediatric department, has lately been utilized for that purpose. Miss O. Waterman (1919), formerly superintendent of the Lady Minto Hospital, Cochrane, has assumed charge of the General Hospital, Orillia. Miss S. Battersby (1932), is taking a public health course at Toronto University. Miss F. Vickers (1921), is taking a postgraduate course in the Royal Victoria Hospital, Montreal.

DISTRICT 7

SMITHS FALLS: Misses Hewitt (1931) and Hart (1932), have completed a postgraduate course in gynaecology and obstetrics at the Royal Victoria Montreal Maternity Hospital. Miss M. Eamer, class (1929) is taking a postgraduate course at the Laurentian Sanatorium, Ste. Agathe. Miss H. Turner and Miss E. Dezell completed an affiliating course at the Western Hospital, Toronto. The Alumnae Association of the Smiths Falls Public Hospital held their first annual meeting on September 18, the anniversary of its organization. Plans were made for the winter's work and the meeting was enthusiastic. The officers of the year are: Hon. Presidents, Miss M. F. Bliss and Mrs. George Mulligan; president, Miss Lila Lesson; vice-president, Mrs. Gordon Marsh; secretary-treasurer, Miss Grace Gore; convener, social committee, Mrs. Johnston.

MARRIED: On September 15, 1934, Miss Jean Osborne, formerly assistant superintendent of the Smiths Falls Public Hospital, to Mr. George Mulligan.

MARRIED: On September 15, 1934, Miss Bernice Chanonhouse (Kingston General Hospital, 1930), to Mr. Arthur Whyte, B.Sc.

DISTRICT 8

Many Canadians throughout the land are having the privilege of hearing Dame Janet Campbell as she travels across the continent on her speaking tour under the auspices of the Canadian Council on Child and Family Welfare. The nurses of Ottawa were especially interested in her visit, for District 8, Registered Nurses Association of Ontario had the pleasure of making the arrangements for her stay in Ottawa, at the request of the Health Division of the Council. One of the outstanding events was a dinner, held at the Château Laurier, when Dr. Lomer, Medical Officer of Health for Ottawa, presided, and all the various organizations of Ottawa interested in social, health or educational work, were invited to send member representatives. Seldom

ON DUTY

OFF DUTY

Experienced Nurses Know

STEEDMAN'S POWDERS
From Teething to Teens

They know this safe and gentle aperient is ideal for infants and children, to relieve constipation, colic and feverishness and keep the little system regular. Steedman's Powders can be used with perfect confidence. Our "Hints to Mothers" booklet deals sensibly with baby's little ailments — for copies and samples of Steedman's Powders write: JOHN STEEDMAN & CO., 504 St. Lawrence Blvd. MONTREAL

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT

Telephone Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO
HELEN CARRUTHERS Reg. N.

MONTREAL GRADUATE NURSES' ASSOCIATION REGISTER

Nurses Called Day or Night

Telephone PLateau 7841

KATHLEEN BLISS, Reg. N.,
Registrar,
1230 Bishop St., MONTREAL, P.Q.

Club House Phone PL. 3900.

has Ottawa seen such a general representation of her workers. Service clubs, Children's Aid, Catholic Women's League, Hebrew Benevolent Society, Y.W.C.A., Trades and Labour and many other organizations (thirty-two in all) were drawn together by the common bond of interest in community welfare. Dame Janet chose as her topic, "School Medical Inspection," a subject especially suited to an Ottawa audience where this service has recently been inaugurated.

OTTAWA: Miss E. Osborne has resigned from the staff of the Ottawa Civic Hospital and has entered the University of Toronto, where she is studying Public Health. Miss B. McKerracher (O.C.H. 1931), is taking the public health course in Toronto. Miss A. Lindsay (O.C.H. 1930), has been appointed assistant supervisor of the children's ward of the Ottawa Civic Hospital. Miss G. Ferguson (O.C.H. 1930), has been appointed practical instructor replacing Miss C. Murray, who is now studying in England.

MARRIED: On October 6, 1934, Dorothy Frances Gorman (O.C.H. 1930), to Arthur Labbe.

MARRIED: On September 29, 1934, Bernadette Smith (O.C.H. 1928), to Paul Gormley.

MARRIED: Recently, Ruth Fraser (O.C.H. 1931), to Dr. John Murphy.

DISTRICT 9

HAILEYBURY: A meeting of the Cobalt, Haileybury and New Liskeard branch of the R.N.A.O. was held on October 9, with Miss H. E. Smith, the newly appointed district president and chapter chairman, presiding. An address was given by Miss M. C. McCuaig, western supervisor of the V.O.N. The next meeting will be held in Cobalt.

NORTH BAY: The graduation exercises of the School of Nursing of St. Joseph's Hospital, North Bay, took place recently when eight nurses received their diplomas. A presentation was made to Rev. Sister Felicitas as a token of the appreciation of the graduating class.

SAULT STE. MARIE: The General Hospital Alumnae Association met on October 9 to hear a delightful talk by Mrs. A. Durling, who told of her training at St. George's Hospital, London, England. Miss A. O'Connor gave an excellent report of the Biennial Meeting. Miss E. Hoodless has returned from New York, where she took a postgraduate course in obstetrics and surgical nursing at the Lying-in-Hospital. Miss R. McCarroll (1926), who has returned from a six years' sojourn in India as a missionary is at present in Toronto taking a postgraduate course. Miss E. Gordon presided at the October meeting of the Sault Chapter of the R.N.A.O. It was decided to form the chapter into groups, each to be responsible for raising the sum of $5.00 before the end of the year.

DISTRICT 10

PORT ARTHUR: A meeting of District 10, R.N.A.O. took place recently at which Miss Lovelace presided. An excellent address on public health nursing was delivered by Miss Howey. The Alumnae Association of the Port Arthur General Hospital recently held a successful novelty sale.

FORT WILLIAM: The McKellar Alumnae Association held its annual meeting recently. Mrs. F. Eberts presided and an excellent paper on the nursing of tuberculosis was given by Miss M. Boisseau. The election of officers took place as follows: President, Miss Etherington; first vice-president, Miss E. Laine; second vice-president, Mrs. Jowitt; secretary, Miss Brown; treasurer, Miss Gleeson; membership visitor, Miss Kirkpatrick; sick visitor, Mrs. Pritchard.

MARRIED: On August 27, 1934, Miss Laura Louise Young (Port Arthur General Hospital), to Mr. Robert M. Nish.

MARRIED: Recently, Miss Ethel M. Stewardson (McKellar General Hospital), to Mr. William J. Burney.

QUEBEC

ROYAL VICTORIA HOSPITAL: Recent appointments at the Royal Victoria Hospital, are as follows: Miss H. Eberle (R.V.H., 1929), has been appointed assistant to Miss Flanagan at the Montreal Neurological Institute. Miss M. Goldie (R.V.H., 1930), Miss L. MacNichol (R.V.H., 1933), Miss E. Boone (R.V.H., 1933), are head nurses on the staff of the Institute. Miss Margaret Smith (R.V.H., 1932), has been appointed head nurse in charge of Ward "F". At the November meeting of the Alumnae Association an excellent lecture on "The Origin of Communicable Diseases" was given by Dr. H. B. Cushing.

MARRIED: On Sept. 3, 1934, Miss Jean D. Bain (R.V.H., 1919), to Dr. H. C. Bird.

MARRIED: On Sept. 29, 1934, Miss Isabella B. Drysdale (R.V.H., 1933), to Mr. J. Frederic Sparling.

MARRIED: On Sept. 29, 1934, Miss Mary Macdonald Drysdale (R.V.H., 1930), to Mr. John Trainor.

MARRIED: On Sept. 20, 1934, Miss Lillian Horsman (R.V.H., 1927), to Mr. Gordon E. Wight.

MARRIED: On Sept. 20, 1934, Miss Katherine Webster Leckie (R.V.H., 1930), to Mr. Bertram Francis Wilcox.

MARRIED: On Sept. 6, 1934, Miss Helen Rice (R.V.H., 1917), to Mr. Lawrence Augustus Squair.

MARRIED: On Sept. 18, 1934, Miss Margaret Rowley (R.V.H., 1930), to Mr. John Gerard Holland.

MONTREAL: The Alumnae Association of the McGill School for Graduate Nurses is planning a large dance to be held in the Windsor Hotel on St. Valentine's Day, February 14, 1935. The proceeds are to be donated to the support of the school.

MONTREAL GENERAL HOSPITAL: On October 9, the new Private Patients' Pavilion of this hospital was officially opened by His Excellency the Governor General. At present only three floors are opened for use. Miss A. Wells (M.G.H. 1928), is in charge of the second floor; Miss Dyer (Western Hospital, 1912), is in charge of the third floor and Miss G. Calder (M.G.H. 1919), is in charge of the fourth. All operating-room work for the whole Western Division is done in the new operating rooms on the tenth floor. The division is entirely staffed by graduate nurses, which has enabled us to put in force an eight-hour day. Those who knew the Western Hospital as it was, will be interested to hear of the enlargement of the out-patient department. This change was made possible through the utilization of the old dining rooms and kitchens and the former X-ray department. On October 17, 1934, Miss Strumm completed thirty years of service on the staff of the hospital. The Alumnae Association presented her with a fitted over-night bag in black leather with chromium-plated fittings. She received many congratulations from her medical and nursing associates. Miss C. Watling (M.G.H. 1909), has been appointed to the staff at the Central Division as Home Sister. Miss E. Coombs (M.G.H. 1932), has been appointed Sister-in-Charge of Ward "J" in the Central Division.

MARRIED: On October 3, 1934, Mary Patricia Kenehan (M.G.H., 1927), to Hugh Raymond Mahoney.

MARRIED: On November 3, 1934, Helen McGregor Gardner (M.G.H., 1931), to Dr. M. Digby Leigh.

MARRIED: On October 6, 1934, Madeline McKiel (M.G.H., 1932), to Thomas Owen Evans.

SASKATCHEWAN

SASKATOON: Dr. J. A. Valens gave an interesting lecture to the Saskatoon City Hospital Alumnae Association on October 9, on his observations of hospitals in London, England, during his recent visit. Miss M. Chisholm, the president, acted as hostess. Miss H. J. Johnston (S.C.H. 1931), and Miss E. P. Cameron (S.C.H. 1931), are taking post-graduate courses in the Sanatorium, Saskatoon. In compliment to Mrs. Leonard Shaw, the bride of the General Superintendent of the City Hospital, a delightful tea was given by the nursing staff and the Alumnae Association. Receiving with Mrs. Shaw were Miss E. Amas and Miss M. R. Chisholm. Mrs. J. A. Valens, Mrs. W. S. Lindsay, Mrs. A. Croll and Mrs. E. E. Shepley presided over the tea urn.

OBITUARY

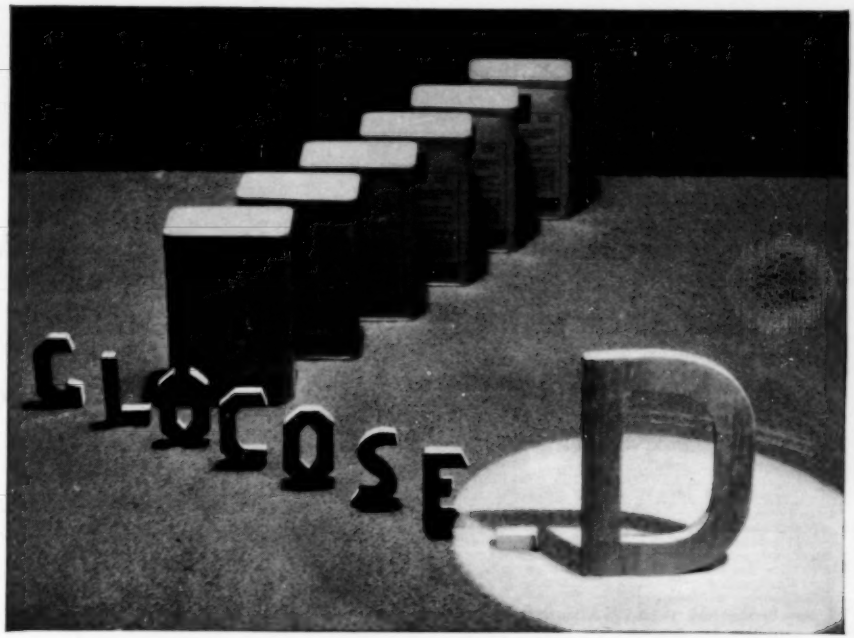
BERTRAND—In the early part of September, 1934, as the result of a motor accident, Blanche Bertrand. Miss Bertrand was a member of the class of 1933 of the School of Nursing of St. Michael's Hospital, Toronto.

BYRNES—In September, 1934, at Collingwood, Ont., Mrs. John Byrnes, an early graduate of the School of Nursing of St. Michael's Hospital, Toronto.

COULTER—The death occurred on October 17, 1934, of Nursing Sister Ann Coulter, who served overseas in the Great War. Miss Coulter was a graduate of the School of Nursing of the Winnipeg General Hospital and, prior to her last illness, was relief officer for the city of Sault Ste. Marie, Ont., for two years. A large representation of the Sault Chapter attended the funeral, when military honours were accorded her.

. . . OFF . . . DUTY . . .

Just the other day . . . we had the sort of stimulating experience . . . which gives us strength . . . to toil at the editorial oar . . . We were privileged to see and hear . . . a Real Editor in action . . . No hint will be given as to his identity . . . except to say that he directs an important periodical . . . published less than a thousand miles . . . from the fair city of Toronto . . . His audience (with one solitary exception who shall be nameless) was composed of bright spirits . . . such as authors, poets, artists in black and white, star reporters . . . and writers of the persuasive advertisements . . . which make you buy the things you don't need . . . Surrounded by this heavenly company we were acutely aware . . . of our utter insignificance . . . Only one thought sustained us . . . we were the only other editor present . . . *Though he will never know it . . . that Real Editor was to us as a man and a brother . . . He is the only person we have yet encountered . . . who seems to how how it feels to be the editor of a Canadian magazine . . . He spoke of the ruthless competition . . . of the high-powered and glittering rival publications . . . published in Britain . . . and the United States of America . . . He related the sad history . . . of reducing the size of his publication . . . to the irreducible minimum . . . He touched more in sorrow than in anger . . . upon the reason why "Indignant Subscriber" sends in a cancellation . . . instead of a renewal . . . Then he referred to the editorial privilege . . . of carving hunks out of long and informative articles . . . in order to make room for something amusing . . . Yes, that is what he said . . . amusing . . . He seemed to think such a sacrilege was justifiable . . . Of course, we don't agree with him . . . at least, not out loud . . . Then he described the sort of contributions . . . which are or are not welcomed on his editorial desk . . . He said he didn't like dull poetry . . . but that comic verse delighted him . . . His idea of the perfect length for an article . . . is one thousand words . . . about four double-spaced typewritten letter size pages . . . in case you don't know . . . He deplored the solemnity of most Canadian serious writing . . . and the sloppiness of the less serious . . . and then he took up the question of the Society Column . . . We gathered that he feels about this highly necessary department . . . as we do about News Notes . . . but, like him, we decline to be more specific . . . we agree that nothing can be done about it . . . after all, what are editors for? . . . Then he told a nice story . . . about a dachshund and the Dionne quintuplets . . . which we are saving up . . . in order to point a moral and adorn a tale . . . Later we saw him surrounded . . . by a seething mob of poets, authors, writers, star reporters and artists in black and white . . . all of whom hope to sell him something . . . so we folded up our tents . . . like the Arabs . . . and silently stole away . . . and spent the rest of the day . . . speculating on what would happen to us . . . if we ever tried to exercise the privileges of a Real Editor . . . Once we did take three semi-colons and forty-five "problems" . . . out of a serious article . . . and inserted a few sub-headings of our own . . . in the hope of brightening it up . . . But this is not a serious article . . so we will not harrow your feelings . . . by relating the consequences . . .*



THE SIGNIFICANCE OF "D" IN GLUCOSE-D

Glucose may be indispensable, but it is not usually sufficient in itself. In many of the conditions to which glucose therapy is applied it is necessary to prescribe a low fat diet, and if this diet is continued there is always the risk of subjecting the patient to fat-soluble vitamin privation. With the deprivation of vitamin D there is a consequent derangement of the calcium and phosphorus metabolism, a condition that could be classed as serious, especially in children.

By reinforcing glucose—as in Glucose-D—with enough vitamin D to compensate for any deficiency of this calcium-regulating factor, it is possible to keep patients for long periods on low fat diet without danger of interfering with calcium and phosphorus metabolism.

Glucose-D is simply pure medicinal glucose (98%) reinforced with calcium and phosphorus, and sufficient vitamin D to maintain normal metabolism of these elements.

AYERST, McKENNA & HARRISON Limited

Pharmaceutical and Biological Chemists

MONTREAL CANADA

Official Directory

International Council of Nurses:

Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland

CANADIAN NURSES ASSOCIATION

Officers

President.....Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President.....Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President.....Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary..... Miss Elsie Wilson, 668 Bannatyne Ave., Winnipeg, Man.
Honorary Treasurer.....Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 229-8th Ave. N.W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (2) Miss L. Mitchell, Royal Jubilee Hospital, Victoria; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Mildred Reid, Nurses Residence, Winnipeg General Hospital, Winnipeg; (2) Miss G. Thompson, Misericordia Hospital, Winnipeg; (3) Miss E. McKelvey, 603 Medical Arts Building, Winnipeg; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Lenta G. Hall, Victorian Order of Nurses, Halifax; (2) Miss H. Joncas, Victoria General Hospital, Halifax; (3) Miss M. O. Gray, New Glasgow; (4) Miss C. MacLean, 97 South Kline St. Halifax.

Ontario: (1) Miss Majorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, R.R.1, Brantford, (3) Mrs. Agnes Haygarth, 19 Dromore Crescent, Westdale, Hamilton; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss Dorothy McKenna, Summerside; (4) Miss M. Gamble, 51 Ambrose St. Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Christine Dowling, 1246 Bishop Street, Montreal; (4) Miss C. M. Watling, 1230 Bishop Street, Montreal.

Saskatchewan: (1) Miss Edith Amas, City Hospital, Saskatoon; (2) Miss Annie Lawrie, General Hospital, Regina; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs., Regina; (4) Miss Helen Wills, 2840 Robinson St., Regina.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldgs., Winnipeg; PRIVATE DUTY: Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss Constance Brewster, General Hospital, Hamilton; SECRETARY: Miss Nora Nagle, 270 Cooper Street, Ottawa; TREASURER: Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS—**Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss L. Mitchell, Royal Jubilee Hospital, Victoria. **Manitoba:** Miss G. Thompson, Misericordia Hospital Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss H. Joncas, Victoria General Hospital, Halifax. **Ontario:** Miss S. M. Jamieson, R.R.1, Brantford. **Prince Edward Island:** Miss F. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss Annie Lawrie, General Hospital, Regina.

PRIVATE DUTY SECTION

CHAIRMAN: Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; VICE-CHAIRMAN: Miss C. M. Watling, 1230 Bishop Street, Montreal; SECRETARY-TREASURER: Miss Helen Wills, 2840 Robinson Street, Regina.

COUNCILLORS—**Alberta:** Miss J. Clow, 229-8th Ave. N.W., Calgary. **British Columbia:** Miss M. Mirfield, Beachcroft Nursing Home, Victoria. **Manitoba:** Miss K. McCallum, 181 Enfield Cres., Norwood. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss C. MacLean, 97 South Kline St., Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss C. M. Watling, 1230 Bishop St., Montreal. **Saskatchewan:** Miss Helen Wills, 2840 Robinson St., Regina. CONVENER OF PUBLICATIONS: Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldgs., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, 946 20th Ave. W., Vancouver; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS—**Alberta:** Miss A. A. McKee, 206 Oddfellows Bldg., Calgary. **British Columbia:** Miss M. Duffield, 175 Broadway East, Vancouver. **Manitoba:** Miss E. McKelvey, 603 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss M. O. Gray, New Glasgow. **Ontario:** Mrs. Agnes Haygarth, 19 Dromore Crescent, Westdale, Hamilton. **Prince Edward Island:** Miss Dorothy McKenna, Summerside. **Quebec:** Miss Christine Dowling, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeny, Dept. of Health, Parliament Bldgs., Regina.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, Central Alberta Sanatorium, Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11107-82nd Ave., Edmonton; Chairman: *Nursing Education Section*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty Section*, Miss J. C. Clow, 229-8th Ave. N.W., Calgary; *Public Health Section*, Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Graduate Nurses Association of British Columbia

President, M. F. Gray, 1466 W. 14th Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; *Conveners of Committees: Nursing Education*, L. Mitchell, Royal Jubilee Hospital, Victoria; *Public Health*, M. Duffield, 175 Broadway East, Vancouver; *Private Duty*, Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria; Councillors, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss M. Reid, Winnipeg General Hospital; First Vice-President, Miss S. Wright, Metropolitan Life, Winnipeg; Second Vice-President, Miss C. McLeod, Brandon General Hospital; Third Vice-President, Sister Krause, St. Boniface Hospital; Members of Board: Miss M. Lang, Miss E. Carruthers, Sister Mary, Miss K. W. Ellis, Miss K. McLearn, Miss M. Meehan, Miss E. Johnson, Sister St. Albert; *Conveners of Sections: Public Health*, Miss E. McKelvey; *Private Duty*, Miss K. McCallum; *Nursing Education*, Miss G. Thompson, Misericordia Hospital, Winnipeg. *Conveners of Committees:* Directory, Miss J. Kerr, 74 Cobourg Ave.; Social, Miss S. Pollexfen, 954 Palmerston Ave.; Sick Visiting, Miss L. Gray, Victorian Order of Nurses; Membership, Miss E. Ironside, Winnipeg General Hospital; Librarian, Miss W. Grice and Miss A. Starr, 753 Wolseley Ave.; Press and Publication, Miss E. Banks, 64 Cross St.; *Representatives:* Local Council of Women, Mrs. Willard Hill and Mrs. Emmett Dwyer; Central Council of Social Agencies, Miss F. Robertson; Victorian Order of Nurses, Miss E. A. Russell; Junior Red Cross, Miss E. Parker; Red Cross Enrolment, Mrs. J. F. Morrison; Executive Secretary and Registrar, Mrs. Stella Gordon Kerr.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Margaret Murdoch; Second Vice-President, Miss Myrtle E. Kay; Honorary Secretary, Rev. Sister Kenny; Council Members: Miss Florence Coleman, Miss H. S. Dykeman, Mrs. A. G. Woodcock, Miss Elsie M. Tulloch; *Conveners: Public Health Section*. Miss Ada A. Burns; *Private Duty Section*, Miss Mabel McMullin; *Nursing Education Section*. Sister Kerr; *Committee Conveners: The Canadian Nurse*, Miss Kathleen Lawson; Constitution and By-Laws, Miss S. E. Brophy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John, N.B.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Miss Sarah Archard, Victoria General Hospital, Halifax; Second Vice-President, Miss Anna Hillcoat, Amherst; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, 7 Queens Park Cres., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; Chairman, *Nurse Education Section*, Miss S. Margaret Jamieson, R.R. No. 1, Brantford; Chairman, *Private Duty Section*, Miss J. L. Church, 130 Strathcona Ave., Ottawa; Chairman, *Public Health Section*, Mrs. Agnes Haygarth, 19 Dromore Cres., Westdale, Hamilton; *District No. 1:* Chairman, Miss Mildred Walker, Institute of Public Health, London; Secretary-treasurer, Miss Mildred Chambers, Institute of Public Health, London; *Districts 2 and 3:* Chairman, Miss A. E. Bingeman, Freeport Sanatorium, Kitchener; Secretary-treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, 20 Humewood Court, 9 Humewood Dr., Toronto; Secretary-treasurer, Miss Isabelle Park, 1348 Yonge St., Toronto; *District No. 6:* Chairman, Miss Helen M. Anderson, 709 Water St. Peterborough; Secretary-treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterborough; *District No. 7*, Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-treasurer, Miss Olivia Wilson: General Hospital, Kingston; *District No. 8:* Chairman, Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa; Secretary, Miss A. G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss Mary Acland, Strathcona Hospital, Ottawa; *District No. 9:* Chairman, Miss Elizabeth Smith, Box 305, New Liskeard; Secretary-treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *District No. 10:* Chairman, Miss Vera Lovelace, 3 Wiley Rd., Port Arthur; Secretary-treasurer, Mrs. W. J. Burney, Ardeen Gold Mines, Kashabowie, Ont.

District No. 8 Registered Nurses Association of Ontario

Chariman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss A. G. Tanner, Ottawa Civic Hospital; Treasurer, Miss M. E. Acland; Councillors, Misses G. Clarke, A. Ebbs, M. Graham, E. C. McIlraith, M. H. Hall, M. Slinn; *Conveners of Committees:* Membership, Miss G. Clarke; Publications, Miss E. C. McIlraith; *Nursing Education*, Miss E. C. McIlraith; *Private Duty*, Miss J. L. Church; *Public Health*, Miss H. O'Meara.

District No. 9 Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Rev. Sister Fidelis, Miss Mina Carson, Miss H. Jordan, Miss H. Atkinson, Miss G. Rowden, Rev. Sister Felicitas.

District No. 10 Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Mrs. W. J. Burney, Ardeen Gold Mines, Kashabowie, Ont.; *Councillors:* Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Nursing Education*, Miss F. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss Dorothy McKenna, Summerside; *Private Duty*, Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, C. M. Watling, Rév. Mere M. V. Allaire, Rév. Soeur Ste. Isidora; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Esther Beith, Child Welfare Association, Forum Bldg., Montreal; Hon. Treasurer, Miss M. E. Nash, Victorian Order of Nurses, 1246 Bishop St., Montreal. Other Members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Rév. Soeur St. Jean de l'Eucharistie, Hôpital Notre Dame, Montreal, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Mademoiselle Alexina Marchessault, Ecole d'Hygiène Social Appliquée, Université de Montreal. *Conveners of Sections: Private Duty*, (English), Miss C. M. Watling, 1230 Bishop St., Montreal; *Private Duty* (French), Mademoiselle Alice Lepine, Hôpital Notre Dame, Montreal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin, Que; *Public Health*, Miss Christine Dowling, Victorian Order of Nurses, 1246 Bishop St., Montreal; Board of Examiners, Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal; Melle. Edna Lynch, 4642 rue St. Denis St., Montreal; Melle. Marie Anysie Déland, Institut Bruchési, Montréal; Melle. A. Marchessault, 3256 avenue Lacombe, Montreal; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; Second Vice-President, Miss Jean B. McDonald, 1122 Rae Street, Regina; Councillors, Miss Edith Stocker, Sanatorium, Saskatoon, Miss R. M. Simpson, Dept. of Health, Regina; *Conveners of Standing Committees: Nursing Education*, Miss Annie Lawrie, General Hospital, Regina; *Public Health*, Mrs. E. M. Feeny, Dept. of Health, Regina; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss Margaret A. Ross, 45 Angus Cresc., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss Turner; Second Vice-President, Miss O'Brien; Recording and Corresponding Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Treasurer, Miss Gavin; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. M. Tobin; Second Vice-President, Miss M. Gilchrist; Secretary, Miss A. McLeod, 2 Diana Court; Treasurer, Miss F. Smith; *Committee Conveners:* Membership, Miss A. Allan; Flower, Mrs. W. Fraser; *Private Duty Section*, Mrs. Chas. Pickering; Correspondent, *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leslie; Secretary-Treasurer, Miss S. F. M. Scott, Box 184, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Mrs. Westman, 800 Cassair St., Vancouver; First Vice-President, Miss Jane Johnstone, Steveston, B.C.; Second Vice-President, Miss E. Berry, St. Paul's Hospital; Secretary, Miss F. Walker, Vancouver General Hospital; Treasurer, Miss L. Archibald, 536 West 12th Ave.; Council, Misses K. Sanderson, Kilburn, G. M. Fairley, Wismer and M. F. Gray. Finance, Miss Teulon, 1385 West 11th Ave.; Directory, Miss K. Motherwell, 1947 West 10th Ave.; Social, Miss A. J. MacLeod, Vancouver General Hospital; Programme, Miss B. Donaldson, St. Paul's Hospital; Sick Visiting, Miss C. Cooker, Vancouver General Hospital; Membership, Mrs. Blankenbach, 1816 West 36th Ave.; Local Council of Women, Misses Duffield and Gray; Press, Mrs. E. Simms, Vancouver General Hospital.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Mrs. E. B. Strachan, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron, Miss D. Frampton.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; First Vice-President, Mrs. L. Fletcher; Second Vice-President, Miss V. Vance; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committees:* Press, Miss Helen Morrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgens; Social and Programme, Mrs. E. Hanna; Cook Book, Mrs. A. Kains; *Private Duty*, Mrs. L. Fletcher, Miss Isobel Knox; Registry, Miss C. Macleod.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins-Representative to *The Canadian Nurse*, Miss C. Hornby, Box 324, Sherbrooke; Representative, *Private Duty Section*, Miss E. Morrissette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Conveners of Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick and Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss F. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Conveners:* Programme, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A. University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Reed; First Vice-President, Miss L. Gourlay; Second Vice-President, Miss B. Fane; Recording Secretary, Miss A. Revell; Corresponding Secretary, Miss D. Duxbury, University Hospital; Treasurer, Miss M. Rowles, University Hospital; Executive, Misses M. Gordon, I. Ross, A. Baker.

A.A., Lamont Public Hospital

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

President, Miss M. Lunan; First Vice-President, Mrs. C. H. C. Bell; Second Vice-President, Mrs. K. Craig; Secretary, Miss I. Collier; Corresponding Secretary, Miss K. Heaney, Vancouver General Hospital; *Committee Conveners:* Programme, Miss A. Croll. Membership, Miss V. Peters; Sick Benefit, Mrs. Maitland; Refreshments, Miss J. Hunter; Press, Mrs. G. E. Gillies; Treasurer and Bonds, Miss Geary, 3176 West 2nd Ave.; Representative, V.G.N.A., Miss Rhodes.

Royal

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss J. Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss M. Mirfield; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. M. Cox; Treasurer, Miss J. Stewart; Entertainment Committee, Mrs. Russell; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt Children's Hospital; Treasurer, Miss F. McLeod; Sick Visiting, Miss Ditchfield; Entertainment, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause; President, Miss K McCallum, 181 Enfield Cr., Norwood; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Winnipeg; Second Vice-President, Miss M. Madill, St. Boniface Hospital; Secretary, Miss J. Archibald, Shriner's Hospital, Winnipeg; Treasurer, Miss E. Shirley, 14 King George Ct., Winnipeg; Social Committee, Miss E. Banks (Convener), 64 Cross St., Winnipeg, Miss J. Williamson, Miss A. Nelson; Sick Visiting Committee, Miss T. Grenville (Convener), 211 Hill St., Norwood; Miss K. Rowan, Miss J. Greig; Press Representative, Miss B. Altman, 420 College Ave., Winnipeg; Representatives to Local Council of Women, Miss B. Altman (Convener), Miss B. Chandler. Miss M. Spooner.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Mrs. J. S. Ward, 197 Beaverbrook St.; Recording Secretary, Miss A. Effler, Ste. 12¼ Diana Crt.; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. Duncan, Winnipeg General Hospital; Representative on Training School Committee: Miss K. McLearn, Shriner's Hospital; Membership, Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss F. McRae, 44 Evanson St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Special Committee, Miss P. Brownell, 215 Chestnut St.; Alumnae Club, Miss F. Tretiak, Broad Valley, Man.; Archivist. Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; Executive Committee, Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

ST. STEPHEN

A.A., Chipman Memorial Hospital, St. Stephen

President, Miss Myrtle Dunbar; First Vice-President, Mrs. H. W. Short; Second Vice-President, Miss Rosa Madsen; Secretary, Miss Estella Gibbon, St. Stephen; Treasurer, Mrs. Cedric H. Dinsmore; Board of Directors: Misses J. Sinclair, I. Hart, J. Bavis, Mrs. R. Bartlett; *Committee Conveners:* Programme, Mrs R. Mallory, Misses E. Gibbon, E. Giles, Mrs. H. Short; Refreshment, Misses E. Spinney, D. Devlin, Mrs. R. Bartlett; Nominating, Misses F. Cunningham, I. Hart

WOODSTOCK

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; Board of Directors: Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners:* Programme, Mrs. P. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; Sick Visiting, Miss H. Cummings, Miss D. Peabody, Miss Mersereau; Editor, Miss M. Samphier.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss Reta Fitzgerald; Vice-President, Mrs. J. Andrews; Secretary, Miss L. Smith; Treasurer, Miss Marion MacFarlane; Flower Committee, Miss Betty McEwan; Representative to *The Canadian Nurse*, Miss H. Thompson.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss F. J. Batty, 52 Charlotte St., Brantford; Assistant-Secretary, Miss V. Buckwell; Treasurer, Miss L. R. Gillespie, General Hospital; Social Convener, Mrs. F. Doherty; Flower Committee, Mrs. Phillips, Miss W. Laird, Miss M. M. Nichol; Gift Committee, Miss J. Edmondson, Mrs. E. Claridge; *The Canadian Nurse* and Press Representative, Miss H. Diamond; Chairman. Private Duty Council, Miss P. Cole; Representative to Local Council of Women, Miss R. Cleaves.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

CHATHAM

A.A., Public General Hospital

Hon. President, Miss P. Campbell; President, Miss B. Pardo; Vice-President, Miss K. Crackle; Second Vice-President, Miss F. Houston; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss R. Willmore; Asst. Secretary, Miss M. Stacey; Treasurer, Miss B. Haley; Press Correspondent, Miss R. Baker; *Committee Conveners:* Refreshment, Miss M. Wickett; Buying, Misses J. Finney, M. McNaughton and Mrs. R. F. Mitchell; Floral, Miss E. Orr; Social, Mrs. T. Burke; Councillors, Misses V. Dyer, L. Baird, A. Head, E. Liberty; Representative to *The Canadian Nurse*, Miss P. Griffeth.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Ruth Winter; Vice-President, Miss M. Kearns; Secretary-Treasurer, Miss J. Lundy, 112 Van Allen Ave.; Executives, Misses H. Gray, I. Poissant, Z. Martin, Mrs. R. Hodgin; Representative District No. 1, R.N.A.O., Miss Jessie Ross; Representative to *The Canadian Nurse*, Miss Y. L. Chauvin.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. I. P. MacIntosh; President, Miss Verna Meldrum; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss S. Mitchell; Secretary, Miss L. MacNair, 91 Victoria Ave.; Assistant Secretary, Miss T. Rainey; Treasurer, Miss A. MacDonald; Flower Convener, Miss Rutherford; Representative to *The Canadian Nurse* and Press Representative, Miss M. Vandyke.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Superintendent, Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss K. Cleghorn; Second Vice-President, Miss M. Wood; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss J. Watson; *Conveners of Committees:* Social, Mrs. L. Jackson; Programme, Miss E. Eby; Flower, Miss I. Wilson; Representative to *The Canadian Nurse*, Miss L. Sinclair.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside; President, Mrs. R. Hess; Vice-President, Miss M. Bain; Recording Secretary, Miss M. Matheson; Corresponding Secretary, Miss H. Hauert, Hamilton General Hospital; Treasurer, Miss J. Jackson, 326 Main W.; Assistant Treasurer, Miss G. Hodgson; Secretary-Treasurer, Mutual Benefit Association, Miss O. Watson, 145 Emerald S.; *Committee Conveners:* Executive, Miss H. Aitken; Flower, Miss A. Squires; Programme, Miss M. Gosnell; Registry, Miss N. Thompson; Budget, Mrs. M. Barlow; Representative to *The Canadian Nurse*, Miss A. Scheifele.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson; Secretary, Miss Mabel MacIntosh, 168 Ray St.; Treasurer, Miss M. Kelly; Representative to *The Canadian Nurse*, Miss B. McKenna, 277 Herkimer St.; Representative R.N.A.O., Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rocque; Entertainment Committee, Mrs. R. W Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-President, Miss Florence Smart; Secretary, Miss Vonnie MacMartin, Kingston General Hospital; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss Emma Sharp, Kingston General Hospital.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Mrs. Walter Ziegler; First Vice-President, Miss Thelma Sitler; Second Vice-President, Miss Elsie Trouse; Secretary, Miss Jean Sinclair, 144 Water St. S.; Assistant Secretary, Miss Marion Ballantyne; Treasurer, Miss Mary Orr.

LINDSAY

A.A., Ross Memorial Hospital

Hon. President, Miss E. Reid; President, Miss L Harding; First Vice-President, Mrs. O. Walling; Second Vice-President, Mrs. M. Thurston; Corresponding Secretary, Miss E. Dawson; Treasurer, Mrs. G. R. Allen; Flower Convener, Miss E. Lowe; Social Convener, Miss K. Mortimore.

LONDON

A.A., Ontario Hospital

Hon. President, Miss Mary L. Jacobs; President, Miss N. M. Williams, 55 Edward St.; First Vice-President, Mrs. V. M. Reilly; Second Vice-President, Miss F. R. Ball; Secretary, Mrs. E. D. Grosvenor, 52 Doulton Ave.; Treasurer, Miss E. Kennedy, Ontario Hospital; Social Committee, Misses I. Lindsay, L. Kelly; Press Representative, Miss F. Burls.

A.A., St. Joseph's Hospital

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Madalene Baker; Second Vice-President, Miss Erla Beger; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Gladys Gray, Press Representative, Miss Stella Gignac; Representatives to Registry Board, Misses Rhea Rouatt, Cecile Slattery, Olive O'Neil.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S.; First Vice-President, Miss H. Huston; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss D. Atkinson, 174 Langarth St.; Secretary, Miss F. Quigley; Corresponding Secretary, Miss M. Smith, Victoria Hospital; Board of Directors, Misses C. Gillies, A. Malloch, J. Mortimer, M. Yule, C. Skinner, Mrs. C. Rose.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss A. Irving; First Vice-President, Miss V. Coutts; Second Vice-President, Mrs. H. English; Secretary-Treasurer, Miss F. J. Loftus, 823 McRae St. Corresponding Secretary, Miss A. Pirie; Auditors, Miss Day, Mrs. Sharpe; Sick Committee, Mrs. Teal, Miss Carson, Miss Thorpe.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss L. McKenzie; First Vice-President, Miss J. Harper; Second Vice-President, Miss C. Robinson; Corr. Secretary, Miss Alice M. Smith, 103 Mary St.; Rec. Secretary, Miss L. M. Whitton; Treasurer, Miss A. V. Reekie, Soldiers' Memorial Hospital, Orillia.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams, General Hospital; President, Miss J. McIntosh, 414 Masson St.; First Vice-President, Miss J. Thompson, 115 Agnes St.; Second Vice-President, Miss R. Post, General Hospital; Secretary, Miss M. Chappell, 259 Celina St.; Assistant Secretary, Miss M. Tribble, 91 Connaught St.; Corresponding Secretary, Miss E. Clark, 97 Athol St.; Treasurer, Miss E. Dickinson, 534 Mary St.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton; President, Miss Jean Blyth; Vice-President, Miss M. McNiece; Secretary, Miss Gertrude Halpenny, Protestant Children's Village; Treasurer, Miss M. Slinn, 204 Stanley Ave.; Board of Directors: Misses E. McColl, S. McQuade, L. Bedford, M. Stewart; *Committee Conveners:* Flower, Mrs. V. Boles; Press, Mrs. W. C. Elmitt; Representative to *The Canadian Nurse*, Miss A. Ebbs.

A.A., Ottawa Civic Hospital

Hon. President, Miss Gertrude Bennett; President, Miss Edna Osborne; First Vice-President, Miss Dorothy Moxley; Second Vice-President, Miss E. Curry; Recording Secretary, Miss Mary Lamb; Corresponding Secretary, Miss Downey; Treasurer, Miss Winnifred Gemmell; Executive Committee, Miss Mulvaugh, Miss Lera Barry, Miss Bertha Farmer, Miss D. Johnston, Miss D. Kelly; Representatives to Central Registry, Miss Katie Clark, Miss L. Boyle; Convener Flower Committee, Miss G. Ferguson; Press Representative, Miss E. Pepper.

A.A., Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss Dorothy Knox, Ottawa General Hospital; Membership Secretary, Miss F. Poitras; Sick Committee, Miss P. Bissonnette, Miss S. Kearns, Miss B. Legris; Representative to *The Canadian Nurse*, Miss E. Kennedy; Representatives to Local Council of Women, Mrs. Latimer, Mrs. Dunne and Mrs. Le Clair; Representatives to Central Registry, Miss Rogers, Miss M. Landreville.

A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; Central Registry, Misses M. Wilson, S. Carmichael; Nominating Committee, Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

OWEN SOUND

A.A., Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss F. Rae; First Vice-President, Miss M. Paton; Second Vice-President, Miss J. Agnew; Secretary, Miss A. Robertson, 473-12th St. W.; Treasurer, Miss A. Weedon; Pianist, Miss R. Dunoon; Flower Committee, Mrs. McMillan; Programme Committee, Miss M. Cruickshank; Sick Committee, Miss M. Sim; Press Representative, Miss H. Walden; Refreshment Committee, Miss C. Penner; Auditor, Mrs. Johnston.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss A. Dobbin; First Vice-President, Miss H. Russell, Second Vice-President, Miss L. Simpson; Secretary; Miss S. Battersby, 406 Sheridan St.; Treasurer, Miss S. Wood, 212 Barnardo Ave.; Corresponding Secretary; Miss E. Wagar, 273 Park St.; Social Convener, Miss M. Watson.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson, Representative to *The Canadian Nurse*. Miss C. Medcroft; Flower Committee (Convener), Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Mrs. K. Snider; Vice-President, Miss D. Robfritch; Secretary-Treasurer, Miss F. Weicker, 44 Blake St.; Social Convener, Miss M. Thomas; Flower Convener, Miss L. Attwood.

ST. CATHERINES

A.A., Mack Training School

Hon. President, Miss Anne Wright; President Miss Nora Nold; First Vice-President, Miss M. McClunie; Second Vice-President, Miss E. Horton; Secretary, Miss J. Smith, 128 Queenston St., St. Catharines; Treasurer, Miss E. Daboll, 1 Fitzgerald St.; *Conveners:* Social, Miss Bernice Rule; Programme, Miss Aleda Brubacher; Representative to *The Canadian Nurse*, Miss Emily Purton, Box No. 35, Thorold.

ST. THOMAS

A.A., Memorial Hospital

Hon. President, Miss Armstrong; Hon. President, Miss Buchanan; President, Miss Bella Mitchener; First Vice-President, Miss Annie Campbell; Second Vice-President, Miss Jervell; Recording Secretary; Miss Esseltine; Corresponding Secretary, Miss Lamond, Treasurer, Miss Claypole; Executives, Miss McAlpine, Miss Irvine, Miss Nona Mannix, Miss Hazel Hastings, Miss L. Crane; *Committee Conveners:* Nominating, Miss J. Grant; Sick Nursing, Miss E. Lanyon; Social, Miss C. Robertson; Purchasing, Miss L. Ronson; Ways and Means, Miss Olive Paddon; Representative to *The Canadian Nurse*, Miss Amy Prince; Representative to the R.N.A.O., Miss Mary May.

TORONTO

A. A. Grace Division, Toronto Western Hospital

Hon. President, Mrs. C. J. Currie; President, Miss A. O. Bell; Recording Secretary, Miss Doris L. Kent; Corresponding Secretary, Miss May Hood, Grace Hospital, Toronto; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant MacDonald Training School for Nurses

Hon. President, Miss Esther M. Cook, 130 Dunn Ave.; President, Miss Ida Weekes, 130 Dunn Ave.; Vice-President, Mrs. Marion Smith; Recording Secretary, Miss Norma McLeod; Corresponding Secretary, Miss Ethel Watson, 130 Dunn Ave.; Treasurer, Miss Phyllis Lawrence; Social Convener, Miss Betty Blythe.

A.A., Hospital for Sick Children

Hon. Presidents, Mrs. Goodson, Miss F. Potts; Hon. Vice-President, Miss Austin; President, Mrs. Strachan; Vice-Presidents, Mrs. Cassan, Mrs. Raymond; Recording Secretary, Miss E. Langman; Corresponding Secretary, Miss M. Blackwood; Treasurer, Miss Deck, 613 Avenue Rd.; *Committee Conveners:* Social, Mrs. A. Russell; Flower, Miss H. Fisher; Programme, Miss Elliott; Publications, Miss S. E. Lewis; Registry, Miss Currie; Welfare, Miss Parker; R.N.A.O., Miss Miller.

A.A., Riverdale Hospital

President, Miss Armstrong; First Vice-President, Miss Gastrill; Second Vice-President, Miss M. Thompson; Secretary, Miss Staples, Riverdale Hospital; Treasurer, Mrs. H. Dunbar, 63 Poplar Ave.; Board of Directors, Miss Mathieson, Miss Stratton, Miss Breese, Miss Baxter, Miss Lowrie, Riverdale Hospital.

A.A., St. John's Hospital

Hon. President, Sister Beatrice, Superintendent, St. John's Covent; President, Miss S. Morgan; First Vice-President, Miss J. Vanderwell; Second Vice-President, Miss N. Hetherington; Secretary, Miss W. Webb, 77 Summerhill Ave.; Treasurer, Miss D. Whiting; Corresponding Secretary, Miss M. Martin; *Conveners:* Entertainment Committee, Miss M. Davies; Sick Visiting, Miss H. Frost; Press Representative, Miss F. Young, 227 Milverton Blvd., Toronto 6.

A.A., St. Joseph's Hospital

Hon. President, Rev. Sister Mary Margaret; President, Miss M. Kelly; First Vice-President, Miss M. O'Malloy; Second Vice-President, Miss V. Sylvian; Recording Secretary, Miss M. Goodfriend; Corresponding Secretary-Treasurer, Miss M. Fuller, St. Joseph's Hospital; Councillors, Misses M. McCarthy, F. Lawlor V. Hanley, T. Currie.

A.A., St. Michael's Hospital

Hon. President, Rev. Sister Norine; Hon. Vice-President, Rev. Sister Jeanne; President, Miss Marie Melody; First Vice-President, Miss Crocker; Second Vice-President, Miss R. Grogan; Third Vice-President, Miss J. O'Connor; Treasurer, Miss G. Coulter, Apt. 404, 42 Isabelle St.; Assistant Treasurer, Miss I. Nealon; Recording Secretary, Miss M. Doherty, St. Michael's Hospital; Corresponding Secretary, Miss K. McAuliffe, Eastwood Apt., Sherbourne St.; *Private Duty Representative,* Miss McGuire; *Public Health Representative,* Miss H. Kerr; Press Representative, Miss Regan; Councillors, Misses M. Brown, L. McGurk, C. Cronin.

A.A., Toronto General Hospital

Hon. President, Miss Jean Gunn; President, Miss Jean Anderson, 149 Glenholme Ave.; First Vice-President, Miss Margaret Dulmage; Second Vice-President, Miss Elvira Manning; Secretary, Miss Mary Filder, 25 Braemar Ave.; Treasurer, Miss Hilda Maclennan, 14 Lynwood Ave.; Assistant Treasurer, Miss Evelyn Robson; Archivist, Miss Jean Kniseley; *Conveners of Committees:* Programme, Miss Clara Brown; Press, Miss Marion Stewart; Social, Mrs. J. H. Thuresson; Nominations, Miss Pauline Steves; Insurance, Miss Effie Forgie; Flower, Miss Margaret McKay; Elizabeth Field Smith Memorial Fund, Miss Gretta Ross.

A.A., Toronto Orthopedic and East General Hospital Training School for Nurses

Hon. President, Miss E. McLean, Toronto East General Hospital; President, Miss H. Louis, 1806 Danforth Ave.; Secretary-Treasurer, Miss N. V. Wilson, 50 Cowan Ave.; Representatives to Central Registry, Miss B. MacIntosh, 748 Soudan Ave., Miss M. Beston, 232 Millwood Rd.; Representative to R.N.A.O., Miss B. MacIntosh.

A.A., Toronto Western Hospital

Hon. President, Miss B. L. Ellis; President, Miss F. Matthews, 74 Westmount Ave.; Vice-President, Miss U. Colwell; Recording Secretary, Miss G. Patterson; Secretary-Treasurer, Miss Helen Stewart, Toronto Western Hospital; Representative to *The Canadian Nurse,* Miss F. Greenaway.

A.A., Wellesley Hospital

Hon. President, Miss Ross; President, Miss Jessie Gordon; Vice-President, Miss Lindsay; Corresponding Secretary, Miss M. Anderson, 168 Isabella St.; Recording Secretary, Miss Bungay; Treasurer, Miss Little, 168 Isabella St.; Correspondent to *The Canadian Nurse,* Miss I. Onslow.

A.A., Women's College Hospital

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Meiklejohn; President, Miss Worth, 93 Scarboro Beach Blvd.; Secretary, Miss Free, 48 Northumberland St. Treasurer; Miss Fraser, 125 Rusholme Road.

A.A., Connaught Training School for Nurses Toronto Hospital, Weston

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; Vice-President, Miss Ann Bolwell, Toronto Hospital, Weston; Secretary, Miss G. Leeming, Toronto Hospital, Weston; Treasurer, Miss R. McKay, Toronto Hospital, Weston; Convener of Social Committee, Miss M. Jones, Toronto Hospital, Weston.

WINDSOR

A.A., Grace Hospital

Hon. President, Adjutant A. Butt; President, Miss E. Williams; Vice-President, Miss G. Sutherland; Secretary, Miss Gladys Duffield, 218 Peter St. W., Sandwich; Treasurer, Miss W. Mervin; Press Secretary, Miss C. McLaren.

A.A., Hotel Dieu, Windsor

Hon. President, Rev. Mother Marie de La Ferre; President, Miss Mary Perrin; First Vice-President, Miss Marie Odette; Second Vice-President, Miss Zoe Londeau; Secretary, Miss M. Spence; Treasurer, Miss Mary Fenner; *Conveners of Committees:* Misses J. Londeau, H. Mahoney, M. McClory.

WOODSTOCK

A.A., General Hospital

First Hon. President, Miss Frances Sharpe; Second Hon. President, Miss Helen Potts; President, Miss Mabel Costello; Vice-President, Miss Anna Cook; Recording Secretary, Miss Lila Jackson; Corresponding Secretary and Press Representative, Miss May Davison, 567 Adelaide St.; Assistant Secretary, Miss Jean Kelly; Treasurer, Miss M. MacPherson; Assistant Treasurer, Miss E. Eluf; *Conveners of Committees:* Programme, Miss D. Craig; Flower and Gift, Miss D. Hobbs; Social, Miss J. Anderson.

QUEBEC

LACHINE

A.A., Lachine General Hospital

Hon. President, Miss M. L. Brown; President, Mrs. L. Jobber, 1646 Van Horne Ave.; Vice-President, Miss R. Goodfellow, Lachute; Secretary-Treasurer, Miss A. Roy, 379 St. Catherines St., Lachine; Executive Committee, Misses M. McNutt, E. Dewar.

MONTREAL

A.A., Children's Memorial Hospital

Hon. President, Miss A. Kinder; President, Miss R. Paterson; Vice-President, Miss H. Nutall; Secretary, Miss J. Cochrane, 1615 Cedar Ave.; Treasurer, Miss L. Destromp; Executive Committee, Miss E. Hillyard, Miss M. Flander; Social Committee, convener, Miss M. Gill, Miss A. Adlington, Miss M. McCallum and Miss M. Robinson; Representative to *The Canadian Nurse*, Miss V. Schneider; Sick Nurses Committee, Miss H. Easterbrook.

A.A., Homeopathic Hospital

President, Miss A. Porteous; Vice-President, Miss M. Hayden; Treasurer, Miss D. Miller, Homeopathic Hospital; Assistant Treasurer, Miss N. Horner; Secretary, Miss S. Holland; Assistant Secretary, Miss J. Gray; *Private Duty Section*, Miss A. Porteous; Programme Committee, Miss H. Bright; Entertainment Committee, Miss M. Hayden; Representative to *The Canadian Nurse*, Miss J. Whitmore; Representative, Montreal Graduate Nurses Association, Miss M. Bright; Sick Benefit Society, Mrs. J. Warren.

L'Association des Gardes-Malades Graduées de l'Hôpital Notre-Dame

Exécutif: Mesdemoiselles Suzanne Giroux, Présidente; Irène Rouillard, Vice-Présidente; Juliette Beaulieu, 2ème Vice-Présidente; Lucrèce Boucher, Trésorière; Marguerite Pauzé, 4234 St. Hubert St., Secrétaire; *Conseillères:* Mesdemoiselles Françoise Chevrier, Georgette Hébert, Germaine Brisset, Ludivine Bérubé.

A.A., Montreal General Hospital

Hon. Presidents, Miss J. Webster, Miss N. Tedford, Miss F. E. Strumm; Hon. Treasurer, Miss H. Dunlop; Hon. Member, Miss J. Craig; President, Miss E. Frances Upton, Ste. 221, 1396 St. Catherine St. W.; First Vice-President, Miss M. Mathewson; Second Vice-President, Mrs. L. H. Fisher; Recording Secretary, Miss D. Snow; Corresponding Secretary, Mrs. E. C. Menzies, 6635 Lasalle Blvd., Verdun; Treasurer (Alumnae Association and Mutual Benefit Committee), Miss I. Davies, Montreal General Hospital; Executive Committee, Miss M. K. Holt, Miss H. Newton, Miss L. Sutton, Miss O. Lilly, Miss B. Herman; Representatives to *Private Duty Section*, Miss E. Gruer (Convener), Miss C. Cole, Miss E. Marshall; Representative to *The Canadian Nurse*, Miss I. Welling (Convener), Montreal General Hospital; Representatives to Local Council of Women, Miss G. Colley, Miss M. Ross; Sick Visiting Committee, Miss F. E. Strumm, Miss B. Herman; Programme Committee, Miss I. Davies, Miss M. Batson; Refreshment Committee, Miss B. Underhill (Convener), Miss C. Coombes, Miss C. Fitzgerald, Miss D. McRae.

A.A., Royal Victoria Hospital

Hon. President, Miss E. A. Draper; President, Miss M. F. Hersey; First Vice-President, Miss J. Stevenson; Second Vice-President, Mrs. Grieve; Recording Secretary, Miss E. B. Rogers; Secretary-Treasurer, Miss K. Jamer, Royal Victoria Hospital; Executive Committee, Mrs. E. Roberts, Mrs. G. C. Melhado, Mrs. Prideaux, Misses E. Etter, E. Reid, A. Bulman; *Conveners of Committees:* Finance, Miss B. Campbell; Sick Visiting, Miss R. Fellows; Programme, Mrs. K. Hutchison; Refreshments, Miss M. Rowley; *Private Duty Section*, Miss R. Cochrane; Representatives to Local Council of Women, Miss J. Stevenson, Mrs. E. Cooper; Representative to *The Canadian Nurse*, Miss E. Allder.

A.A., St. Mary's Hospital

Hon. President, Sister Roson; President, Miss G. McLellan; Vice-President, Miss M. McNeil; Secretary, Miss K. Brady, Nurses Residence, 1863 Dorchester St. W.; Treasurer, Miss A. Lalonde; Sick Committee, Misses B. Latour, I. McDonell; Programme Committee, Misses I. Kenny, M. Lapointe, E. O'Hare.

A.A., Women's General Hospital, Westmount

Hon. Presidents, Miss F. George, Miss E. Trench; President, Mrs. L. M. Crewe; First Vice-President, Miss E. Moore; Second Vice-President, Miss K. Martin; Recording Secretary, Miss R. Sixsmith; Corresponding Secretary, Miss N. Brown, Apt. 5, 1187 Hope Ave.; Treasurer, Miss E. L. Francis; Sick Visiting, Miss G. Wilson, Miss L. Jensen; *Private Duty*, Mrs. A. Chisholm, Miss G. Wilson; Representative to *The Canadian Nurse*, Miss C. Morrow; Social Committee, Mrs. Drake, Miss Clark. Regular monthly meeting every third Wednesday, 8 p.m.

A.A., School for Graduate Nurses, McGill University

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss Grace M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford, Miss M. L. Moag; President, Miss Madeline Taylor, Victorian Order of Nurses, 1246 Bishop St.; Vice-President, Miss Eileen C. Flanagan, Royal Victoria Hospital; Secretary-Treasurer, Miss K. MacLennan, Alexandra Hospital; Chairman, Flora Madeline Shaw Memorial Fund, Miss E. Frances Upton, 1396 St. Catherine St. W.; Programme, Miss Flora George, Women's General Hospital; Representatives to Local Council of Women, Miss Ethel Sharpe, Miss Abigail Baker; Representatives to *The Canadian Nurse:* Administration, Miss M. DeBarres, Shriners' Hospital; Teaching, Miss C. Mills, Montreal General Hospital; Public Health, Miss L. Charland, 3421 Grand Blvd.

QUEBEC CITY

A.A., Jeffrey Hale's Hospital

Hon. President, Mrs. Barrow; President, Miss D. Jackson; First Vice-President, Miss E. Fitzpatrick; Second Vice-President, Mrs. C. Young; Recording Secretary, Miss E. McCallum; Corresponding Secretary, Miss M. Fischer; Treasurer, Miss E. McHarg; Representative to *The Canadian Nurse*, Miss N. Martin; *Private Duty Section:* Miss G. Martin; Sick Visiting Committee, Mrs. Barrow and Mrs. Buttimore; Refreshment Committee, Mrs. Melling, Miss Weary, Miss Hansen, Miss McClintoch; Councillors, Miss Imrie, Mrs. Craig, Mrs. Jackson, Miss Mackay, Miss B. Adams.

SHERBROOKE

A.A., Sherbrooke Hospital

Hon. Presidents, Miss E. Frances Upton, Miss Verna Beane; President, Mrs. Gordon MacKay; First Vice-President, Miss O. Harvey; Second Vice-President, Mrs. A. Savage; Recording Secretary, Miss M. Gelinas; Corresponding Secretary, Mrs. Herbert MacCallum; Treasurer, Miss Alice Lyster, 10a Wellington St. N.; Representative to *The Canadian Nurse*, Miss F. Wardleworth.

SASKATCHEWAN

A.A., Saskatoon City Hospital

Hon. President, Miss G. M. Watson; President, Miss M. R. Chisholm; First Vice-President, Miss G. Munroe; Second Vice-President, Miss H. Johnston; Recording Secretary, Miss J. Wells; Corresponding Secretary, Miss L. Kirk, 419-9th St.; Treasurer, Miss A. Ferguson, *Conveners:* Press, Miss M. E. Grant; Relief, Miss G. Munroe; Sick Visiting, Miss M. Graham; Educational, Mrs. G. Pendleton; Ways and Means, Miss M. Duncan; Social, Mrs. H. Buck.

THE CANADIAN NURSE

INDEX FOR VOLUME XXX

JANUARY — DECEMBER, 1934

Agnew, Dr. G. H., Nurse-patient ratios in Canadian hospitals, *July*, 301
Anderson, M. B., Selection of students, *Nov.*, 522
Baird, K. A., Putting the patient first, *Feb.*, 61
Barrett, C. V., Impressions sur le Congrès Biennal, *Sept.*, 413
Batson, M., Staff education, *Dec.*, 569.

Biographical notes:
- The Accolade, *Feb.*, 53 and How they won the M.B.E., *Mar.*, 105:—Darrach; Dunn; Estabrook; Holland; Pearston; Rayside; Ross; Simpson; Smellie; Smith
- Campbell, Dame Janet, *Oct.*, 473
- Dickson, E. MacP., *Dec.*, 562.
- Eastwood, Charlotte, *June*, 268
- Emory, F. H. M., *June*, 245
- Harmer, Bertha, *Sept.*, 415
- Simpson, Ruby, *Aug.*, 353

Book Reviews: *Jan.*, 28; *Feb.*, 77; *Mar.*, 123; *May*, 220; *June*, 270; *Sept.*, 418; *Oct.* 487; *Nov.*, 531; *Dec.*, 577.

Canadian Nurses Association:
- Biennial Meeting, *Jan.* 15; *Apr.*, 171; *June*, 245; *Aug.*, 361 and 369
- A quarter of a century, *June*, 245
- A memorable occasion, *Aug.*, 361
- Impressions sur le Congrès Biennal (Barrett), *Sept.*, 413
- The resolutions (Simpson), *Nov.*, 513
- The new President, *Aug.*, 353
- Pageant of nursing (Gunn), *Apr.*, 154; *Aug.*, 383
- Scholarship, *Apr.*, 158; *Dec.*, 581.

Canadian Nurses Association official reports:
- Executive secretary, *Aug.*, 373
- National Joint Study Committee, *Aug.*, 384
- Membership committee, *Aug.*, 382
- Exchange of nurses committee, *Aug.*, 385
- Nightingale Memorial Committee, *Sept.*, 420
- Curriculum in mental hospitals committee, *Sept.*, 423
- Standing committee on curriculum, *Oct.*, 476
- Co-ordination of nursing education interests, *Oct.*, 490

Canadian Nurses Association provincial units reports:
- Alberta Association of Registered Nurses, *Sept.*, 425
- Graduate Nurses Association of British Columbia, *Sept.*, 427
- Manitoba Association of Registered Nurses, *Sept.*, 428
- New Brunswick Association of Registered Nurses, *Sept.*, 430
- Registered Nurses Association of Nova Scotia, *Sept.*, 432
- Registered Nurses Association of Ontario, *Sept.*, 433
- Graduate Nurses Association of Prince Edward Island, *Sept.*, 434
- Association of Registered Nurses of the Province of Quebec, *Sept.*, 435
- Saskatchewan Registered Nurses Association, *Sept.*, 438

Notes from the National Office: *Jan.*, 29; *Feb.*, 79; *Mar.*, 125; *Apr.*, 170; *May*, 222; *June*, 272; *July*, 324; *Aug.*, 373; *Sept.*, 420; *Oct.*, 490; *Nov.*, 532; *Dec.*, 578.

Care of Life (MacKay), *Oct.*, 461

Chamard, P. and Martin P., Physiology on the screen, *Apr.*, 169.

Collins, P., New Light, *Feb.*, 76

Correspondence: *Jan.*, 27; *Feb.*, 66; *Mar.*, 124; *Apr.*, 162; *May*, 210; *June*, 256; *Oct.*, 470; *Nov.*, 520; *Dec.*, 568.

Curriculum:
- Report of the national standing committee on curriculum, *Oct.*, 476; *Dec.*, 564.
- The provinces and the curriculum (Lindeburgh), *Feb.*, 63
- Curriculum for nurses-in-training in mental hospitals (Fidler), *Sept.*, 423

Editorials:
- Editor's Desk, *Jan.*, 13; *Feb.*, 65; *Mar.*, 109; *Apr.*, 161; *May*, 209; *June*, 257; *July*, 313; *Aug.*, 371; *Sept.*, 417; *Oct.*, 475; *Nov.*, 521; *Dec.*, 567.

Canadian Scene, *Jan.*, 5; *Feb.*, 57; *Mar.*, 108; *Apr.*, 155; *May*, 202; *June*, 269
How they won the M.B.E., *Mar.*, 105
Opportunity beckons, *June*, 254.
The Accolade, *Feb.*, 53
The Calgary experiment, *Nov.*, 516
What do you think about it? *Nov.*, 529
Emory, F. H. M., Yesterday and tomorrow, *Aug.*, 349
Fraser, C., A nursing allegory, *May*, 217
Gunn, J. I., Towards action, *Sept.*, 405
Hall, M. H., Health teaching in the basic course, *Oct.*, 480
Hally, D., Understanding reactions of children, *July*, 318
Hillyard, E. M., Inguinal hernia in children, *Feb.*, 59
International relationships:
Britain to Canada, *Aug.*, 367
Echoes of the Congress (Tansey), *Jan.*, 25
Nightingale Fellowship scholarship, *Apr.*, 160
Nursing education and the I.C.N. (Lindeburgh), *Mar.*, 110
Private duty and the I.C.N. (MacIntosh), *Jan.*, 18
We exchange, *Nov.*, 517
Jackson, P., Public health and the small town, *May*, 214
Jowsey, A. M., Nursing in the Canadian Labrador, *June*, 264
Law, A., The value of interchange, *Apr.*, 163
Lindeburgh, M., Nursing education and the I.C.N., *Mar.*, 110
Lusk, Dr. C. P., A physician looks at nursing, *Dec.*, 557.
Macdonald, Isabel, Compulsory registration, *Nov.*, 530
MacIntosh, I. M., Private duty and the I.C.N., *Jan.*, 18
MacKay, Ira A., The Care of Life, *Oct.*, 461
Macleod, A. J., The teaching staff confers, *Jan.*, 16
MacLennan, K. M., Nursing communicable diseases, *July*, 306
McDonald, M. M., Broadening the field, *Apr.*, 164
McMullen, M., Future of private duty nursing, *Oct.*, 484
Manning, R. M., We speak our mind, *Feb.*, 74
Martineau, A., Communicable disease control, *Feb.*, 71
Millman, M. B., Essentials of supervision, *Jan.*, 21
Mills, Dr. E. S., Pernicious anaemia, *Jan.* 10
Mitchell, W. T. B.; Mitchell, H.; Rogers, E. B.; Peden, G., Selection of students and integration of mental hygiene in the curriculum, *June*, 258
Murdoch, M., Immunization of student nurses, *Apr.*, 153
Mental Hygiene:
Make your voyage (Stevenson), *May*, 197
Selection of students and integration of mental hygiene in the curriculum (Mitchell, W. T. B.; Mitchell, H.; Rogers, E. B.; Peden, G.), *June*, 258
Understanding the reactions of children (Hally), *July*, 318
Nash, M. E., Planned supervision, *July*, 320
Nursing Education:
A challenge to the profession (Wallace), *Aug.*, 354
Broadening the field (McDonald), *Apr.*, 164
Health teaching in the basic course (Hall), *Oct.*, 480
Interchange of nurses (Notes from National Office), *Feb.*, 79
Physiology on the screen (Chamard and Martin), *Apr.*, 169
Principles and ideals in education (Pierre), *Feb.*, 67
Selection of students (Anderson), *Nov.*, 522
Staff education (Batson), *Dec.*, 569.
Teaching staff confers (Macleod), *Jan.*, 16
Value of interchange (Law), *Apr.*, 163
Vitalizing the teaching of materia medica (Reid), *May*, 211
National enrolment:
Report of committee, *Aug.*, 380
National enrolment, *Sept.*, 416
Canada calling, *Nov.*, 515
Nightingale Memorial:
Nightingale Memorial (Fairley), *Feb.*, 62; *May*, 207; *June*, 252; *July*, 312; *Aug.*, 382; *Sept.*, 412 and 420; *Nov.*, 518
Inauguration of the Nightingale Foundation, *Oct.*, 468
Widening horizons (Old International), *May*, 204
News Notes, *Jan.*, 31; *Feb.*, 81; *Mar.*, 126; *Apr.*, 175; *May*, 224; *June*, 278; *July*, 325; *Aug.*, 388; *Sept.*, 440; *Oct.*, 492; *Nov.*, 538; *Dec.*, 580.

Nursing practice:
Diet in diabetes mellitus (Park), *June*, 247
Inguinal Hernia in children (Hillyard), *Feb.*, 59
Malignant diseases of the ear, nose and throat (Wright), *Mar.*, 101
New Light (Collins), *Feb.*, 76
Nursing care in "polio" (Sutton), *Dec.*, 560.
Nursing in the Canadian Labrador (Jowsey), *June*, 264
Nursing communicable diseases (MacLennan), *July*, 306
Pernicious anaemia (Mills), *Jan.*, 10
Putting the patient first (Baird), *Feb.*, 61
Obituary: *Jan.*, 36; *Feb.*, 85; *Mar.*, 133; *Apr.*, 181; *May*, 228; *June*, 288; *July*, 335; *Aug.*, 392; *Oct.*, 496; *Nov.*, 544; *Dec.*, 587.
Off Duty: *Jan.*, 39; *Feb.*, 94; *Mar.*, 142; *Apr.*, 190; *May*, 230; *June*, 276; *July*, 336; *Aug.*, 386; *Sept.*, 448; *Oct.*, back cover; *Nov.*, 536; *Dec.*, 588.
Official Directory: *Jan.*, 40; *Feb.*, 86; *Mar.*, 134; *April*, 182; *May*, 233; *June*, 289; *July*, 337; *Aug.*, 393; *Sept.*, 449; *Oct.*, 497; *Nov.*, 545; *Dec.*, 590.
Park, R., Diet in diabetes, *June*, 247
Pease, S. H., New frontiers in public health nursing, *Nov.*, 524
Pierre, Sister, Principles and ideals in education, *Feb.*, 67
Private Duty:
Education for private duty (Tallman), *Dec.*, 572.
Future of private duty nursing (McMullen), *Oct.*, 484
Nursing allegory (Fraser), *May*, 217
We speak our mind (Manning), *Feb.*, 74
What use is a forum? *Apr.*, 168
Provincial Association Meetings:
Alberta, *Dec.*, 566; British Columbia, *May*, 219, *Dec.*, 566; Manitoba, *Mar.*, 122; New Brunswick, *Oct.*, 491; Quebec, *Mar.*, 121; Saskatchewan, *June*, 255.
Public health and prevention:
Common sense and public health (Smellie), *Mar.*, 118
Communicable disease control (Martineau), *Feb.*, 71
Essentials of supervision (Millman), *Jan.*, 21
Future of public health nursing (Smellie), *Nov.*, 509
Immunization of student nurses (Murdoch), *Apr.*, 153
New light on public health (Wells), *Dec.*, 574.
New frontiers in public health nursing (Pease), *Nov.*, 524
Planned supervision (Nash), *July*, 320
Public health and the small town (Jackson), *May*, 214
Tuberculosis contact (Robertson), *Apr.*, 165
Vancouver Health League (Sanderson), *Feb.*, 72
Reid, M. M., Vitalizing the teaching of materia medica, *May*, 211
Roberts, M. M., Trends in American nursing, *Apr.*, 149
Robertson, M., The tuberculosis contact, *Apr.*, 165
Sutton, Dr. N. H., Nursing care in "polio", *Dec.*, 560.
Sanderson, K. I., Vancouver Health League, *Feb.*, 72
Simpson, R. M., The Resolutions, *Nov.*, 513
Smellie, E. L., Common sense and public health, *Mar.*, 118
Smellie, E. L., Future of public health nursing, *Nov.*, 509
Stack, M. K., Non-nursed sick and the idle private duty nurse, *Mar.*, 113
Stevenson, Dr. G. H., Make your voyage, *May*, 197
Schools of nursing:
Approved schools of nursing (Notes from National Office), *Feb.*, 79
First Canadian School of Nursing, *Mar.*, 107
McGill School for graduate nurses, *Feb.*, 64; *July*, 311; *Oct.*, 472
Opening of a door (Children's Memorial Hospital), *July*, 315
Sixty years young (Mack Training School), *Sept.*, 411
Social and economic aspects of nursing:
A physician looks at nursing (Lusk), *Dec.*, 557.
Calgary experiment, *Nov.*, 516
Compulsory registration (Macdonald), *Nov.*, 530
Non-nursed sick and the idle private duty nurse (Stack), *Mar.*, 113
Nurse-patient ratios in Canadian hospitals (Agnew), *July*, 301
Towards action (Gunn), *Sept.*, 405
Trends in American nursing (Roberts), *Apr.*, 149
Tallman, R., Education for private duty, *Dec.*, 572.
Wallace, R. C., Challenge to the profession, *Aug.*, 354
Wells, A. E., New light on public health, *Dec.*, 574.
Wright, Dr. R. P., Malignant diseases of the ear, nose and throat, *Mar.*, 101
Yesterday and tomorrow (Emory), *Aug.*, 349